N. B.—WF

1	County	1000 00	neyo	<u></u>	·····	Registration Dist. No.	4
	Village or Ci	ty June	V Sa	1 cm (1)	No. // Corred in a hospital or institu	St.,	war
		lence in city or town where	death occurred		ds. How long In U.S. it o		
2	. FULL NAM	1 10	u u	aam			
	(a) Residence	e: No	(Usual place	of abode)	St.,Ward.	If nonresident give city or town	and State
		AL AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEAT	н
	Male	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May 2 2 (Month) (Dey)	(Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced	2 Lanu	~	22. May 2/8	CERTIEY, Thet I etten	
6. 1	DATE OF BIRTH (	month, day, end year)	me 16 to	1887	I last saw have alive on?	1936, to 1000 12 May 220 193	/ 19.76 death is sei
7. /	AGE Yeer	s Months	Deys	If LESS than	to heve occurred on the dete stete		
100	4	8 9	16	ormin.	The PRINCIPAL CAUSE OF DEAT were es follows:	H and related causes of Importance	Date of onset
ON	kind of wo	slon, or particular ork done, as SPINNER, BOOKKEEPER, etc.	Lahr	m	( Towarch	Bushan	2
PAT	9. Industry or b	usiness in which	the Cf.	16			
CCO		done, as SILK MILL, BANK, etc.	11. Totel t	ime (years)			
0	this occup	ation (month and/	10 sper	ime (years) nt in this 2 0 upetion			
12.	BIRTHPLACE (city	or town)	***************************************		Other Contributory Causes of Impo	rtance:	
or I	(State or count	·			ardia	c lextrausti	on Ida
HEK	13. NAME 02	1	ans		72 -	~	
FATH	14. BIRTHPLACE		- 7		Name of operation	linial Was there	-
HEK	15. MAIDEN NAM	IE Virtun	ia Me	ntry		ses (VIOLENCE) fill in elso the follo	en autopsy?
MO	16. BIRTHPLACE		<u></u>	0/		Date of injury	
-	(State or	country)	8 1		Where did injury occur?	(Specify city or town, county and	State)
17.	INFORMANT(Address)	wing Can	noan Sa	to	Specify whether Injury occurred in	INDUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATI	ON, OR REMOVAL	Cora n	6,24.36	Manner of Injury		
	riace	a lea	Date	719-0	Neture of Injury		
19.	(Address)	210, me	Caloh	pt	24. Was disease or injury in eny we	ey related to occupation of deceased?	
	FILED May	22 21 41	219/100	orien be	(Signed)	(mariano)	M 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows UN 5 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis BIIDPAILV. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

o.	
Z	

1	County	OF DEAT	reto	nor	<del></del>	Registration Dist. No.
	Village or		y or town where	- Ore		No. w column as St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL N.	AME /	ties o	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
	PERSO	NAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S		-	R OR RACE	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 22 1, 1936
5a.	If married, wide HUSBAND of	wed, or divor	rced		/	(1.51)
	(or) WIFE of				,	22. I HEREBY CERTIFY, Thet i attended deceased f
6. D	ATE OF BIRT	(month, day	and year)	Way 2	20 1931	
7. A	AGE Y	ears	Months	Deys	If LESS than I dey,hrs. ormin.	to heve occurred on the date stated above, at
PATION	8. Trede, pro- kind of SAWYE 9. Industry of work w SAW M	work done, e R, BOOKKEEF	ER, etc			Qtill bon fortus
000	TO. Date decea	sed last work	ked et	spe	ime (years) nt in this upation	6 roeuco
12.	BIRTHPLACE (		Jones	Creek	meg	Other Coutributory Causes of importance:
ER	13. NAME	widh	en O	Keller	C .	
FATHER	14. BIRTHPLAC	E (city or tow or country)	vnypa	nun.	Parnt	Name of operation Date of
ER	15. MAIDEN N	AME/h	eresak	Dixor	ci	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLAC		in) Bal	210	,	Accident, suicide, or homicide? Date of injury, 19
	(State of State of St	heres	a all	en		Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. 1	BURIAL, CREMA	TION, OR RE	0	20 Stopk	no 19	Manner of injury
19.	UNDERTAKER (Address)	nator	n'alt	alwate	27	24. Wes disease or injury in any way related to occupetion of deceased?
20. 1	FILED May	7.23., 19	36/1/	the for	ries ( In D) Registrar.	(Signed) The Samuel M

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Example I	d) and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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# HEALTH DEPARTMENT—CITY OF BALTIMORE 4862

1. ILACE OF DEATH CAPTION IN CITY OF DEATH CAPT OF DEATH C	olulo	CEPTURICAT	PE OF DEATH (6)	
CITY OR BALTIMORE: (No. St., Ward) a hospital or institution, a hospital or institution, and institution of stress and numbration of stress and nu	ho ho	71		
HERY OF BALTIMORE: No.  Length of residence in off or town where death cogurred fore, mos. ds. How long in U. S. If of foreign birth? "yrs. mos. ds. How long in U. S. If of foreign birth?" yrs. mos. ds.  2. FULL NAME Datable of nbode of nbode of the company of	ite	1. PLACE OF DEATH Carrison Mile		
Length of residence in eff or town where death optirred fors, mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U.		CHEY OF BALTIMORE. ON'S	Ct Ward) a hospital or Institut	ion,
Length of residence in off or town where death cogarred for town and state in the control of the	IA	OTT- BRITINGRES GITO.	give its NAME inst	tead
(a) Residence: No. Language of shode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. Color or Face  The Directed (write the word)  S. SEX  5. Single, Married, widowed, or Directed (write the word)  S. SEX  4. Color or Face  S. Single, Married, widowed, or Directed (write the word)  S. SEX  5. Single, Married, widowed, or Directed (write the word)  S. SEX  6. DATE OF BIRTH (month, day, year)  6. DATE OF BIRTH (month, day, year)  1. If that saw h.M. alive on  1. S. L. The preference of death and related causes of importance were as followed.  S. SEX  6. DATE OF BIRTH (month, day, year)  1. If the saw h.M. alive on  1	ct CE	Length of residence in ett) or town where death occurred wrs		
(a) Residence: No. Language of shode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. Color or Face  The Directed (write the word)  S. SEX  5. Single, Married, widowed, or Directed (write the word)  S. SEX  4. Color or Face  S. Single, Married, widowed, or Directed (write the word)  S. SEX  5. Single, Married, widowed, or Directed (write the word)  S. SEX  6. DATE OF BIRTH (month, day, year)  6. DATE OF BIRTH (month, day, year)  1. If that saw h.M. alive on  1. S. L. The preference of death and related causes of importance were as followed.  S. SEX  6. DATE OF BIRTH (month, day, year)  1. If the saw h.M. alive on  1	SXX	a run Nama and Il Blead	Non	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  5. If married, widowed, or divorced (with the word)  6. DATE OF BIRTH (month, day, year)  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular Rind of work done, as spinner, skind of work done as spinner, skind of work	REH	2. FULL NAME VALUE Y		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)  5. If married, widowed, or divorced (with the word)  6. DATE OF BIRTH (month, day, year)  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  7. AGE 7 wers Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular Rind of work done, as spinner, skind of work done as spinner, skind of work		(a) Residence: No. Nassason Sal	to Co Md Ward.	
3. SEX 4. Color or Race of Divorced Certic the word of Constant Divorced Certic the word of Certic the Word Certic the C	E K		(If non-resident give city or town and State	e)
The principal cause of death and related causes of importance causes of	T ass	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5a. If married, widowed, or divorced Mushand of to have occurred on the date stated above, at	at c AC	3. SEX 4. Color or Race 5. Single, Married, Widowed,	21 DATE OF DEATH ( ) 1 3	6
Jan. If married widowed, or divorced Comments of the contributory causes of importance with this comments of the contributory causes of importance:    1	ZX TY	or Divorced (write the word)		2070
HUSBARD of Control of the Control of Control	MA ope			36
to have occurred on the date stated above, at	ate pro	MUSBAND of W		
The principal cause of death and related causes of importance were as follows:    The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal cause of death and related causes of importance were as follows:   The principal causes	K ost	and my reality		bias
7. AGE Years Months Days If LESS than I day, hrs. or min.  2. Strade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sawyer, bookkeeper,	be be	6. DATE OF BIRTH (month, day year 2 - 1863.	to have occurred on the date stated above, at	
STREET OF STREET	Id and		1 2 1	
3. Trade, profession, or particular kind of work done, as spinner, setured.  9. Industry or business in which saw mill, bank, etc.  10. Date deceased last worked at this occupation month and year.  11. Total time (years)  12. BIRTHPLACE (city or town) Baltimore of this occupation.  13. NAME Samuel A Bleakley  14. BIRTIPLACE (city or town) Baltimore of the contributory causes of importance:  (State or country)  15. MAIDEN NAME Samuel A Bleakley  16. BIRTHPLACE (city or town) Baltimore of the confirmed diagnosis?  16. MAIDEN NAME Samuel A Bleakley  17. INFORMANT Mas Calif.  18. BURIAL FREMATION OR REMOVEL  (Address)  18. BURIAL FREMATION OR REMOVEL  (Place)  19. UNDERTAKE Sales and the same of the confirmed diagnosis?  19. UNDERTAKE Sales and the same of the confirmed diagnosis?  19. UNDERTAKE Sales and the sales and t	Sion	73 2 29 1 day,hrs.	Date of o	nset
Kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done as silk mill, saw mill, bank, etc.  11. Total time (years) spent in this occupation (month and year).  12. BIRTHPLACE (city or town) Sallamore Sal	HI sl		- Paroli or accularienal.	
Sawyer, bookkeeper, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  13. NAME Caused A Bleakley  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  19. INFORMANT  19. INFORMAN	品等	kind of work done, as spinner,	At cont	621
work was done, as silk mill, saw mill, bank, etc.  Date deceased last worked nt this occupation (month and year).  12. BIRTHPLACE (city or town) Sallamane On Market (State or country)  13. NAME Sallamane On Market (State or country)  14. BIRTHPLACE (city or town) Sallamane On Market (State or country)  15. MAIDEN NAME Sallamane On Market (State or country)  16. BIRTHPLACE (city or town) Sallamane On Market (State or country)  17. INFORMANT Market Sallamane On Market (State or country)  18. BIRTHPLACE (city or town) Sallamane On Market (State or country)  19. UNDERTAKEN LIGHT REMAYIN) OR REMOVELY (Staged).  19. UNDERTAKEN LIGHT REMAYIN) OR REMOVELY (Signed).  19. UNDERTAKEN LIGHT REMAYING OR REMOVELY (Signed).	A A		· · · · · · · · · · · · · · · · · · ·	(NO.
Date of this occupation (month and year)  12. BIRTHPLACE (city or town) Calburators Co. Manuel A. BIRTHPLACE (city or town) Calburators Co. Manuel	N. S.	work was done, as silk mill,		••••••
12. BIRTHPLACE (city or town) Dalleware Come (State or country)  13. NAME Date of Manager Company (State or country)  14. BIRTHPLACE (city or town) Dalleware Company (State or country)  15. MAIDEN NAME Date of Lowing:  16. BIRTHPLACE (city or town) Date of Lowing:  17. INFORMANT Myss Solids Blaggery (State or country)  18. BURIAI (TREMATION) OR REMOVAL Date of Injury occurred in Industry, in home, or in public place  (Address) Date of Lowing:  19. UNDERTAKED ILLAW Date of Livery Country Date of Injury Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Date of Injury Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date of Livery Country Occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Address) Date occurred in Industry, in home, or in public place  (Ad	G rm	Date deceased last worked at 11. Total time (years)	•	
State or country	Stepl	this occupation (month and spent in this year)	Other contributory causes of importance:	
(State or country)  13. NAME Value A Dearley  14. BIRTHPLACE (city or tow Ballowers and State)  15. MAIDEN NAME Arah Drief.  16. BIRTHPLACE (city or town)  17. INFORMANT List Edita District Specify whether injury occurred in Industry, in home, or in public place  (Address)  18. BURIAL REMATION OR REMOVEL  19. UNDERTAKED Clear or out of the place of the p	AD su ain	Batt Cam		
Name of operation. Date of Whnt test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in nlso the following: Accident, sulcide, or homleide? Date of Injury. 19. Where did injury occurred in Industry, in home, or in public place (Address)  17. INFORMANT MARK Scales of Country Of the Date of Injury. Nature of Injury occurred in Industry, in home, or in public place (Address)  18. BURIAL TREMATION OF REMOVE Date of Injury. Nature of Injury. Nature of Injury in any way related to occupation of deceased? (Address)  19. UNDERTAKED Scales of Injury in any way related to occupation of deceased? (Signed) M. D. (Signed) M. D. (Signed) M. D. (Signed) M. D. (M. D. M. D. (Signed) M. D. M. D.	Plan	(State or country)	1	
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What test continued diagnosis was there an autopsy:  23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?  35. BIRTHPLACE (city or town)  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place  (Address)  17. INFORMANT ALLOW OR REMOVAL  Place  Manner of injury  Nature of injury  19. UNDERTAKED ALLOW OF ALLOW OR AL	Hari	13. NAME DAME OF TOTAL	Name of operation Date of	
23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?	AT	14. BIRTHPLACE (city or town Saltemore		
Accident, sulcide, or homicide?	Per Ser	(State or country)	23. If death was due to external causes (violence) fill in also the	fol-
Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place  (Address)  18. BURIAI, GREMATION OR REMOVAL  Place  19. UNDERTAKEN Alland Occupation of deceased?  (Address)  19. UNDERTAKEN Alland Occupation of deceased?  (Signed)	F. J. S.	15. MAIDEN NAME STAR A TUSK.	Accident, suicide, or homicide?Date of injury	
(Specify city or town, county, and State)  Specify whether injury occurred in Industry, in home, or in public place  (Address)  18. BURIAI, TREMATION OR REMOVAL  Place  19. UNDERTAKEN Alland Date  (Address)  19. UNDERTAKEN Alland Date  (Specify whether injury occurred in Industry, in home, or in public place  Manner of injury  Nature of Injury  19. UNDERTAKEN Alland Date  (Specify whether injury occurred in Industry, in home, or in public place  Manner of injury  19. UNDERTAKEN Alland Date  (Signed)  (Signed)  (Signed)  (Signed)  M. D.	-10-	E 10 DIDTHDI ACE (situ en temp)	Whose did injury cours?	
17. INFORMANT MANY Solids Super place  (Address)  18. BURIAI, GREMATION OR REMOVAL MANY May 4, 36 Nature of injury  Place  19. UNDERTAKEN Solids Of Solids Nature of injury in any way related to occupation of deceased?  (Address)  20. FILED May 19. J.	風高		(Specify city or town, county, and State	
(Address)	H ODE	Mi Elial Allende	Specify whether injury occurred in industry, in home, or in pu	Dilc
18. BURIAI, CREMATION OR REMOVAL  Place  19. UNDERTAKED Clear Of May 4, 36  19. UNDERTAKED Clear Of May 4, 36  (Signed) (Signed) (Signed) M. D.  (Signed) Manner of injury Manner of injury in any way related to occupation of deceased?  (Signed) M. D.	PAA		place	
Place Shouse Date May 4, 36 Nature of Injury.  19. UNDERTAKEN elliary Date May 4, 36 Nature of Injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  26. FILED May 19. J. M. D. (Signed) M. D.	CU	The state of the s	Manner of injury.	
19. UNDERTAKEN Self-and Street Bulk Mark (Signed) (Signed) Mr. D. M. D. (Signed) Mr. D. M. D.	W.R.	XV 11 - Mai Mail 36	Nature of injury	
20. FILED My 10. Address 12. 19. April 10. April 10. April 10. M. D.	1.2 0.0	Place Date Date		
Z (Address) 12 cy SN Caul My Bull May (Signed) (Signed) M. D. (Signed) M. D.	9	19 UNDERTAKE SILL and CORAL	24. Was disease or injury in any way related to occupation of decease	sed?
20. FILED Aug 19 Files	z(		If so, specify	
Registrar. (Address)	( m)	20 MILED Mess 1 10 Mess from	(Signed) M	. D.
	- No.	Registrar.	(Address) ( Le Cotton 1) cf	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	successor with tarky	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onse
Arteriosclerosis MAY 7 1039	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week ag
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:	1 year

V. S. No. 1

	PLACE OF DEATH County County County	STATE OF MARYLAND CERTIFICATE OF DEATH
	D 10: 11	Registration Dist. No. 44
certificate.	Village or City Back KINCANO. 45- 2FULL NAME Margaret B	Rewell at St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 0, 1956 (Month) (Day) (Year)
s on	March (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 1936, to May 10, 1936, that I last saw her alive on May 10, 1936,
nstruction	7 AGE  1 4 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at
See	8 OCCUPATION (a) Trade, profession or particular kind of work	Carcinous Illerus
tant	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
Impor	9 BIRTHPLACE (State or country) Wal.	Contributory Secondary  (Duration) , fy, mos
very	10 NAME OF FATHER Unknown	(Signed) M. D. May 10 1926 (Address) East, M.O.
SI NOI	State or country)	State the Discase Causing leath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	12 MAIDEN NAME OF MOTHER  OF MOTHER	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
nt or	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?  Former or usual residence
tateme	(Address) 803 Somerset II	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL  (13/13/1, 1936
8	Filed may 11, 1986 John G. Commelles	Frances a Hemsley Findle St.
-	If more hanks are needed, addre a State Registral	. 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation But in many (6) Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbotic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainpras probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Nomenclature of the Chronic valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS

should state of infor-

PHYSICIANS

stated EXACTLY. properly classified.

should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

mation should be carefully supplied.

-WRITE PLAI

N. B.

V. S. No. 1

Exact statement of OCCUPA-

1. PLACE OF DEATH  County Baltimore	Registration Dist. No.
Village or Gity Parklone, Ind	No. Registration Dist. No. St. War
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Baly Boul #	1
(a) Residence: No. Phylle Type h	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Mooph) (Day) (Yeer)  (Yeer)
6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I ettended daceased from 1936, to 1936, to 1932; deeth is set
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then 1 day,	to have occurred on the data stated above, a 11-2-m.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Premotionty.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	7
10. Date daceasad last worked at this occupation (month end spant in this occupation occ	
12. BIRTHPLACE (city or town) Parkture (State or country) 3 sect to make	Other Contributory Canses of importence:
13. NAME Edward Bloom Bond	
P +las	
14. BIRTHPLACE (city or town)	Name of operation Date of

9	this occupation (month end yaar)	spant in this occupation
12.	BIRTHPLACE (city or town) Parkety (State or country) Bull Co.	nd
ER	13. NAME Edward Bloom	- Bond
FATHER	14. BIRTHPLACE (city or town) Buttle (State or country) Buttle	nd
ER	15. MAIDEN NAME Tholman	parks
MOTHER	16. BIRTHPLACE (city or town) Rusel (Stata or country)	o, hd

23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_

What test confirmed diagnosis?.

Manner of injury

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

	CE OF DEA	TH.			(159)	X	1
Cour	ty Bal	limene				Registration Dist. No	21
/ Villa	ge or <del>City</del>	Parkl	ou, he	<u>م</u> ار	No	St.	
land	h of recidence in	nitu or town whom	death assumed		death occurred in a hospital or institution,		
1		city of town where	death occurred	yrs,mos /	as. How long in 0.5. if of fore	ngn birtn?yrs	mos
2. FUL	L NAME	Daly	12 das				
(a) i	Residence: No.	Je.	achlon	- hol	St., Ward.	X	
DE			(Usual place			If nonresident give city or town	
			ICAL PART			TIFICATE OF DEAT	Н
3. SEX	4. COL	OR OR RACE		RRIED, WIDOWED, D_(write the word)	21. DATE OF DEATH	. 10	
temal	e la	Thate	Sen	yle_	KM	Inth) (Day)	, 193_c
HUSBA	d, widowed, or div ND of	rorced			22. I HEREBY C	EDILEN That I was	1-1-1
(or) WI	FE of			200	man 9 19	ERTIFY, That I etten	/ D so
A DAME OF	n.n	7	91	936	I last saw h elive on	May 10 /19-	24
7. AGE	BIRTH (month, d. Years	ay, and year) //	Days	If LESS than	to have occurred on the dale stated abo	11315	death
***************************************			7 - 50,5	1 day,hrt.	The PRINCIPAL CAUSE OF DEATH and	0 4.	
l o T				ormin.	were es follows:		Date o
NO S. ITES	e, profession, or p ind of work done AWYER, BOOKKE	, es SPINNER,	-		The A	<del></del>	
			_		- Jamann	M.	
U.S.	stry or business l work was done, as SAW MILL, BANK,	SILK MILL,					
U 10. Date	deceased last we	orked at	11. Total t	time (years)			
	ear)		000	upation			
12 RIDTUPI	ACE (city or town	Partie	ton		Other Contributory Causes of important	e:	
	e or country)	Back	To had				
当. NAM	E Edura	L Bu	an B	and			
E NA BIRT	HPLACE (city or t	. Aus	the state		Name of operation	D.1-	
	Stele or country)	Back	Co hel		What test confirmed diagnosis?		
≥ 15. MAII	DEN NAME	Telen	& said	4.5			
I		(F)	1		23. If death was due to external causes ( Accident, suicide, or homicide?		
	HPLACE (city or to State or country)		WEL	ul.	Where did Injury occur?	Date of injury	, 13
	E B		13.2.1		(5	Specify city or town, county and	State)
17. INFORMA (Add		Oal	1-	<del>-</del>	Specify whether injury occurred in IND	USIKI, IN HUME, OF IN PUBLIC	C PLACE.
	CREMATION, OR	REMOVAL	1		Manner of injury		
Place	Dine	Mewe	- Dale Ma	n 11 1936			
	D	10	P		Nature of injury		
19. UNDERT		naula !	11 10 )		24. Was disease or injury in any way re	lated to occupation of deceased	?
(Add		where !	1	7	If so, specify	770000	
20. FILED	104/1th	1986 Mel	un so	rlus	(Signed)	June 1	1
	1	,		Registrar.	(Address)	YUCUW, F	-V

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

PHYSICIANS

EXACTLY.

stated

should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

d be carefully supplied.

mation

V. S. No. 1 Σ. certificate.

See instructions on back of

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92:00
County Gallemon	Registration Dist. No. 30
Village or City Catons will	No. # 2 Robert ave St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Willeam Boom	L If U.S. Veteran specify WAR
(a) Residence: No. \$ 2 Robert aux	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write) he	
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Halle Prone	april 5 19% to may 2 1926
6. DATE OF BIRTH (month, day, and year) Unknown (	886   I last saw / M alive on May 2   1936 ; death is said
	S than to have occurred on the data stated above, at
50   1day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	asthe insufficiences Date of onset
SAWYER, BODKKEEPER, etc.	acute Cardie decomploration may 1950
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at	
1D Date daceasad last worked at this occupation (month and year)	
00 + 0 t	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Joon 100 14. BIRTHPLACE (city or town) Celvet es	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E Ditunt	23. If death was due to external causes (VIDLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Watta Bank	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) # 2 Robert are	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place frest Buller Cerestry Date 5/1	, 1936. Nature of injury
19. UNDERTAKED MIO. Kate R. Williams	24. Was disease or injury in any way related to occupation of deceased?
(Address) \$20 Mr School All St	If so, specify A A A
20. FILED May 2 121/2 Marshall B Wes	(Signed) / Whit Handles M. D.
Rej	gistrar. (Address) 6.2 with w

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and felated causes of importance were as follows:  Arteriosclerosis 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH ASC.
1. PLACE OF DEATH	CERTIFICATE OF DEATH 400
county Baltimore	30
04.00	Registration Dist. No.
Village or City Alana Ville The	death occurred in a hospital or institution, give its NAME instead of orrest and number)
	16 ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME Cost David F.	If U. S. Veteran, specify WAR
(a) Residence: No. B. Minsul (Usual place of abode) St. (1)	St., Ward! OOO!
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaer)
5a. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of Im Ne	22.   HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Wikings 1866	Mast saw h in a alive on 1/20 A 2 , 19.26 ; death is said
6. DATE OF BIRTH (month, day, and year) WWww. 1866 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5
7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Irade, profassion, or particular	ware as follows:  Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	consistent following anemores
3. Industry or business in which work was done, as SILK MILL. Author SAW MILL, BANK, atc.	In the Abneumacacia type on February 1936
	Tohus adaptition not tubed lowever.
11. Total tima (years) this occupation (month end spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Sambita
(State or country) Oparyland ~	Mysearhetes; chronico Greet in
13. NAME yrkyon	march. 1936. Curfe 87
14. BIRTHPLACE (city or town) Mulcusium	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Alla Cuous  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Haspital Clasifica. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Anglose Anglose O - 1. 1836	Nature of injury
19. UNDERTAKER Address)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 19-5 All Registrar.	(Signad) flatest & Garma M. D.  (Address) Spring Grove Houseland
If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	-		Example II	Z. i i i i i i i i i i i i i i i i i i i
The principal cause of importance were as	death and related follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 2	TORR	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph			1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V S.	July 5,1927	Peritonitis	3 days ago
	and the second s				
Other contributory ca	uses of importance:			Other contributory causes of importance:	
Gallstones	Marie		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4868
1. PLACE OF DEATH	
County Galtimore	Registration Dist. No. 38
Village or City Carriery (If	No. Date Orente St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marie Josephine Co	eldwell
(a) Residence: No. Dikie areque	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (gwrite the word)  Marrie  Marrie	21. DATE OF DEATH  May 17 th, 193 6  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson H. Paldwell	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Land 13- 18-90	I lest saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated ebove, etm.
4-5- 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jun Shot Wound
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	In right timble
11. Total time (years) this occupation (month end year) year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Portland (State or country)	Other Contributory Causes of Importance:
C 12 NAME	
E	Neme of operation Date of
14. BIRTHPLACE (city or town)	Neme of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME unformer	23. If death was due to external causes (VIOLENCE) fill in also the following:
=	Accident, sulcide, or homicide? Luca de Date of injury 5 / 17/19 3 6
16. BIRTHPLACE (city or town)	- saltari / 1
17. INFORMANT Melson H. Caldwell (Address) 1613 D. It n. E. Washingto	Where did injury occur? (Specify of town, county and State)  Specify whether Injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVE PROPERTY 23 to 36	Manner of injury Issue Shot wound.  Nature of injury In right temple
19. UNDERTAKER Frederick Speakers Jose	24. Was disease or injury in any way related to occupation of deceased?
20, FILEO 5/22, 1936 Q. M. Bacow	(Signed) The Rader for Coroner M. D.
Registrar.	(Address) Fortantle, Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy ·	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	A	I	1	-
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IUN 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial no	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P.	HYSICIAN
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore County Registration Dist. No. Village or City Catonsville, Md. No. Spring Grove State Hospitakt. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. 11 mos. 28 ds. How long in U.S. if of foreign birth? 10 yrs. mos. ds. 2. FULL NAME Mrs. Anna Charvat If U. S. Veteran, specify WAR (a) Residence: No. 31 Bast Heath (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White (Day) 5a. If married, widowed, or divorced 22. I HEREBY CERTIFY. That I attended deceased from William Charvat June 1st 1935, 19 , to May 29, 1936 , 19 l last saw h. er alive on May 29 1936 ...., 19 ....; death is said 6. DATE OF BIRTH (month, day, end year) to have occurred on the date stated above, at 4.508 ava. 7. AGE Months If LESS than 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 13 or .... min. Data of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Arteriosclerosis Housewife 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation \_\_\_ li\_fe. year) ... Masz. 1935 Baltimor e 12. BIRTHPLACE (city or town). Md . Chronic Nrphritis (State or country) 13. NAME Jacob Kraus Name of operation\_\_\_\_\_ non • 14. BIRTHPLACE (city or town) Germany What test confirmed diagnosis? Lab. & Phys. wFindingsy? (State or country) MOTHER 15. MAIOEN NAME Annie - unknown 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? NO Date of injury 19 Baltimore 16. BIRTHPLACE (city or town) ..... (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) 17. INFORMANT Spring Grove St. Hospt records. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Catonsville. 18. BURIAL, CREMATION OR REMOVAL Manner of injury Neture of injury\_\_\_ 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNCERTAKER If so, specily 20. FILED ned: Registrar.

If more blanks are redded, addrass State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. S. Joseph

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUN 2 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		,		

mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state

N. B.-WRITE PLA

1. PLACE OF DEATH  County  Village or City  St.,  Alf death occurred in a horpital or institution, give its NAME instead of street and number length of residence in city or town where death occurred  2. FULL NAME  (a) Residence: No.  St.,  Mos.  Length of residence in city or town where death occurred  St.,  Ward.  (Usual place of abode)  St.,  Ward.  If nonresident give city or town and State	Ward
Village or City  Village or City  St.,  Alf death occurred in a horpital or institution, give its NAME instead of street and number death of street and numb	Ward
Length of residence in city or town where death occurred	ward
2. FULL NAME  (a) Residence: No.  Specials G. D. (Queller)  (Usual place of abode)  St., Ward.  (Usual place of abode)  If nonresident give city or town and State	
(Osbar place of abode)	ds.
(Osbai place of abode)	
	5
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVIDING TO COLOR DE DIVIDINA DE DIVIDINA DE DIVIDING TO COLOR DE DIVIDING TO COLOR DE DIVIDING TO COLOR DE DIVIDING TO COLOR DE DIVIDINA DE DIVIDI	
Made (Alas Commente World)	(Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clara Cole Missel 386 16 Cay 25	159 Tropi
	ath is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs.  ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of BIRTH (month, day, and year)  To have occurred on the date stated pove, at	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onset
kind of work done, as SPINNER.	
	motel
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	uster
this occupation (month and year) 1434	
Dther Contributory Causes of importance:	
2 12. BIRTHPLACE (city or town) (State or country)	
State of country)  (State of country)	
Neme of exercise	
What test confirmed diagnosis? Was there an autops	
15. MAIDEN NAME (15. MAIDEN NAME) 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)	, 19
16. BIRTHPLACE (city or town)   Date of Injury   Date of Injury   Date of Injury   Date of Injury   Country   Date of Injury   Date of Injur	
17. INFORMANT	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  Manner of injury	
Place Charle Most Date Mary 23, 1936 Nature of injury  19. UNDERTAKER Um C Date H 3 24. Was disease or injury in any way related to occupation of degreesed?	
(Address) Sparles med, If so, specify	
20. FILED On an 24th, 1936 At Frach n. D (Signed) Westerform his	M. D.

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	mple I			Example II		
The principal cause of death of importance were as follow	and related os:	auses -	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 4	1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis			1921	Run over by street car	1 week ago	
Cerebral hemorrhage	EEAU	V. 5	July 5,1927	Peritonitis	3 days ago	
	The state of the s					
Other contributory causes of	importance:			Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 487	79
1. PLACE OF DEATH		~
County Baltimore	Registration Dist. No.	39
Village or City Span ba	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where death occurredyrs,mos.	an .	3u3.
2. FULL NAME & Colon	If U.S. Veteran specify WAR	
(a) Residence: No. Sparke Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month)  (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lay C. Cofor	22. Suly, 185, to Muy	deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,	to have occurred on the data stated above, at ### 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	.; death is sald
S. Trada, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER, Stack wasses	Chronic nightis with	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ay pu tersion	Con-C
10. Data daceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Balta, Ind.	Other Contributory Causes of Importance:	
(State or country)	Waenus	3 days
II 13. NAME Ass. C. Copon		
13. NAME See . C. Cofor 14. BIRTHPLACE (city or town) Lugland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Louisa Gunther	23. If death was due to external causes (VIDL ENCE) fill in also the following	<b>3:</b>
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of injury Whera did injury occur?	
17. INFORMANT Mys May Corder (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Constant The Date 1996	Natura of injury	212
19. UNDERTAKER Treds. Jassahn + Son. (Address) 7401 Belois Bd.	24. Was disaasa or injury in any way related to occupation of deceased?	
20. FILED Play 6 , 19 Se Transag Hillake	(Signed) Aurus C. Mulus C. (Address) Aurus C. (Addr	ease M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   REALL V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-PHYSICIANS Exact statement -WRITE PHAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied.

m

should state item of inforSTATE OF MARYLAND—CERTIFICATE OF DEATH 4873

1. PLACE OF DEA	TH			94-20	2 1
County Baltin	ore			Registration Dist. No.	
Village Dr City Woo		leath occurred	l yrsmos	NDSt.,steath occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. If of foreign birth?yrs	d number)
2. FULL NAME	James Her	ary Dalbe		If U. S. Veteran, specify WAR	
(a) Residence: No.	Nuberry /	Avenue (Usual place	of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSONAL AN	ID STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (7)
5a. If married, widowed, or diversity of Minr.	orced nie Dalber	y		22. I HEREBY CERTIFY, That I attende May 12 ,1934, to May 14	
6. DATE OF BIRTH (month, da	v. and yeer) Max	v 7th 18	374	I last saw ham alive on Many 14 193 4	
7. AGE Years 62	Months	Days 7	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at	Date of onset
9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date decessed last wo this occupation (mo year)	rked at multiplind 1920	11. Total t	time (years) nt in this 42 upation 42	Other Contributory Causes of importance:	
(State or country)	ıknown			Pericardetes	May 1st
13. NAME UT  14. BIRTHPLACE (city or to  (State or country)	IInle	nown		Name of operation Date of What test confirmed diagnosis? Clarky Plus accel Was there a	n autoney? No
15. MAIDEN NAME	Unk	nown		23. If death was due to external causes (VIOLENCE) fill in also the follow	19.
15. MAIDEN NAME  16. BIRTHPLACE (city or to	own) Unko	nown		Accident, suicide, or homicide? Date of injury Where dld injury occur?	, 19
17. INFORMANT Mrs Mi (Address) Nubern	y Ave. W	bey oodlawn	**********	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC R	late) PLACE.
18. BURIAL, CREMATION, DR		Date	lay 18th 36	Manner of Injury	
19. UNDERTAKER (Address)	Jel J	Ever X	Ms	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 116 3	ile m	n 13	uppert.	(Signed) M. A. Dugrau  (Address) 2439 M. / Char	es St.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and felated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11 11 11 11 11 11

Dr	Marie	IngramOWoodlawn.		
		Nuberry Ave.		

N. B.—WRITE RLAILE, WITH UNFADING INK—THIS IS A PERMANENT REC. D. Every that of intormation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. b. Every E, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING

No.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4874
	1. PLACE OF DEATH	
	County / Sallo.	A Registration Dist. No. 20
	Village or City Jowson	No. 40 Sefferson are St., Ward death occurred in a vorpin or institution, give its NAME instead of street and number)
/4	Length of residence in city protown where death occurred 15 yrsmos.	
	2. FULL NAME Flores Mashinistar	y Laurge
	(a) Residence: No. HO & Lellerson and	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aurite the foord)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Margaret Davage	22. 1 HEREBY CERTIFY, That I attended deceased from
	antil 17 1886	lest saw have alive on way 6 (1936; death is said
are	6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et 1205 A.m.
	50 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20 1	Frade, profession, or particular kind of work dona, as SPINNER,	
5	SAWYER, BOOKKEEPER, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Daci	work was done, as SILK MILL, SAW MILL, BANK, etc.  The same of the	J
no	10. Date deceased last worked et this occupation (month and spant in this	
Suc	year) occupation	Other Contributory Causes of importance:
rractions	12. BIRTHPLACE (city or town) Jonggreen	A Down to Day
Stru	(State or country)	acces- secretis - Nymensus ulls
E I	13. NAME Crocge Cauppe Sr.  14. BIRTHPLACE (city or town) Charles Co.	
aac	4 14. BIRTHPLACE (city or town) Checkler (State or country)	Name of operation Oate of
	(State of Evaluaty)	What test confirmed diagnosis?
ant		23. If death was due to external causes (VIOLENCE) fill in also the following:
portan	State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
L IIII	17. INFORMANT Margaret Davage	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
re	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
IS	Place Jongareen Md Oate 5/10/ 19.36	Nature of injury
LION	19. UNDERTAKER Frances a Hemsley	14. Was disease or injury in any way related to occupation of deceased?
)	20. FILED 5/9 SO SU CAPORE VONETO	(Signed) (Signed) M. 6.
	If more flanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago REIDEALI V S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND

E OF MARYLAND—	CERTIFICATE OF DEATH 4875
	(92-0)
more	Registration Dist. No. 44
ero Park	No. Checaso Carl. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
gusta flenk	If U.S. Veteran specify WAR.
aco are.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mograt)  (Day)  (Yeer)
a. Henk	22. HEREBY CERTIFY. Thet I ettended deceased from
lec. 6-1855	I last saw h alive on alive on death is seld
nths Days If LESS than	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
	were es follows:
IER, Honsempe	William Haly Tob
L,	
11. Total time (years)	
11. Total time (years) spant in this occupation	
A	Other Contributory Causes of Importance:
Lemans	Control of the state
the modern and	a surface da
e - write made	Little Colonial Colon
Germans	Name of operation.
mbrumal .	What test confirmed diagnosty Was there en en opport
	23. If death wes due to external causes (VIOLENCE) till is elso the following:
Germany	Accident, suicide, or homcide?
0 10 1	Where did injury occur?(Specify city or town, county and State)
- Cana	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
the party	Manual Aliaban
emer Date 5/13 / 193L	Manner of injury
6- 00.	Halare of mjury
1 md.	24. Wes diseese or injury in any way related to occupation of deceased?
01/1/10	- 1 4X) A 11
John J. Comelly	(Signed) M. D.
Registrar.  If more blanks are needed, address State Registrar,	
-, Acceptance and acceptance of the control of	The state of the s

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Example I		Example II	Dampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	N. B.—WRITE mation s	J. NOTT
	13-	1

S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 48-	10
1. PLACE OF DEA				(pa-P) 16	0
County Ba	Itemore		Α	Registration Dist. No. 90	
Village or City	etones	rible	Show	Me Som Host St.	Ward
Length of residence in ci	tv or town where	death occurred 2		death occurred in a hospital or institution, give its NAMP instead of street and numl	
	77	,	2:01		
2. FULL NAME	Mms	ne W	mat.	If U. S. Veteran, specify WAR	
(a) Residence: No.	Washing	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	
1 1	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH    May (Month) (Day) , 19	(Yeer)
5a. If married, widowed, or divo	rced			22. I HEREBY CERTIFY. That I attended decr	(
(or) WIFE of	,			22. I HEREBY CERTIFY, That I attended dece	ased fro
6. DATE OF BIRTH (month, day	and year)	about	1876	-1	ath Is sa
7. AGE Years	Months	Days	If LESS then	to have occurred on the date stated above, at/Pm	
60?			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
O Tuesda profession on a	rticular	2	, or a second	Die as follows.	te of ons
kind of work done, SAWYER, BOOKKEE	PER, etc			Generalized Partontes Collowing	
9. Industry or business in work was done, es SAW MILL, BANK,	which SILK MILL,	7		intestinal obstruction	7
SAW MILL, BANK, 10. Date deceased last wor this occupation (mo		11 Total ti	ime (vears)	Cause of the intestinal obstanction : paralytic Ile	usla.
this occupation (mo	nth and	spe:	ime (years) nt in this upation	Mot due to concer. Duration : one	cused
	Mera	Pand		Other Contributory Causes of importence: Onset: may 20th	50,80
12. BIRTHPLACE (city or town) (State or country)	11/1/19			Schego phrema	
13. NAME	1 ,	?			
14. BIRTHPLACE (city or to	me			Name of operation Date of	
(Stete or country)	- Cu	nn		Whet test confirmed diagnosis? Asthony. Was there en auto	sy2
15. MAIDEN NAME	1.1			23. If death wes due to external causes (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or to	WID) VILLA	244		Accident, suicide, or homicide? D Dete of injury	, 19
(State or country)		non		Where did injury occur?	
17. INFORMANT Lash (Address)	stal &	wards		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR	REMOVAL	16/1	, 51	Manner of injury	
Place of June 19	Home-	Dete	, 19_9	Nature of injury	
19. UNDERTAKER	mi E	yes !	Sort.	24. Was disease or injury In eny way related to occupation of deceased?	0
(Address)	13	7		If so, specify	
20. FILED 6	1951 14	Tom	drea	(Signed) fleshert & Sarmy	M,
1	26		Registrar.	(Address) Janua Jak H	Just

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. be properly classified. certificate.

AGE should be

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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Exact statement of OCCUPA.

	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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MARGIN RESERVED FOR BINDING	PER
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4877
1. PLACE OF DEATH	92-0
County Balle	Registration Dist. No.
Village or City Int, water his	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	nous /
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced	
HUSBAND of The late Estelle Delinh	22.   HEREBY CERTIFY, That I attended deceased from
(02 31-1861	I last law h. An alive on May 1934; death is said
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
74 6 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, or annual	A
9. Industry or business In which work was done, as SILK MILL,	Certal nemontage 3/237
SAW MILL, BANK, etc	1 /31
10. Date deceased last worked at this occupation (month and year) coupation (coupation — 11. Total time (years) this occupation — 12.	
12. BIRTHPLACE (city or town) 22 4	Other Contributory Causes of importance:
(State or country)	Thronge Wilmely Heart during
13. NAME Francis Deliver	artino selevoso 375
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Mc Juen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Qrelland	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT. Cluster adult of the	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Po. John Cern. Date May 30 1936	Manner of injury
Olamo F Orthur	Nature of Injury
19. UNDERTAKER CAMPAGE (Address)	24. Was disease or Injury In any way related to occupation of deceased?
37.56 MIST MACONINA	(Signed) Will be 2M throng M. D.
20, FILED	(Address) B al Am

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis. 111 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	N. BWRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	ORD. Every	HYSICIANS	t statement		
DING	ANENT REC	ACTLY. P	ssified. Exac		
MARGIN RESERVED FOR BINDING	IS A PERM	stated EX	properly cla	certificate.	
ESERVED	INK-THIS	E should be	lat it may be	s on back of	The second secon
MARGIN R	UNFADING	supplied. AC	n ferms, so th	TION is very important. See instructions on back of certificate.	
	NZY, WITH	be carefully	CATH in plain	mportant. S	
I	VRITE PLAN	ation should	AUSE OF DE	ON is very i	The second secon
V. S. No. 1	N. BV	, m	10 CT	)	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	78)
County Ballymore	Registration Dist. No. 90
Village or City Worters Maryl	St., Ward
Length of residence in city or town where death occurredyrsmos.	death Securred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Michael a.	Dittman
(a) Residence: No. 4415 Ltillaid	Con-e . Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write they word)	21. DATE OF DEATH  May 7  1938 6
Thate the single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE oI	22. I HEREBY CERTIFY, That I ettended deceased from
(0) 111201	mays ,1933, to may 7 ,1936
6. DATE OF BIRTH (month, dey, and year) april 19, 1888	I last sew has elive on May 1, 1936; death is seld
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, etm.
48   18 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
SAWYER, BOOKKEEPER, etc.	Brain aboves (34/61-38
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O Date decessed lest worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 12 allins	noul Thereon
(State or country) and	
14. BIRTHPLACE (city or town)	was aperalis at 9: H - Beff 1435
I4. BIRTHPLACE (city or town)	Name of operation Deterof Cing 2 - 35
(State of country)	What test confirmed diagnosis? Clused Was there an autopsy? Zw
I 15. MAIDEN NAME Margaret tunk	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ballinger	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jenne Shiething	Specily whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOYAL	Manner of Injury
Place Hory Redeemer Date Mary 11, 1936	Nature of Injury
19. UNDERTAKER Longrad O Ruch	24. Wes disease or injury In eny way related to occupation of deceased? Zed
(Address) 5305 (497) Rd-	Il so, specity
20. FILED John 19 All Andreas	(Signed) /3, Is Frank M. D.
Registrar.	(Address) 7379 armsh
If more Danks are meded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
	1921 y5,1927	1921 Run over by street car y5,1927 Peritonitis  Other contributory causes of importance:

The cause of the	i train condition could not be
returned	and was slotet as idiopathic

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14. BIRTHPLACE (city or town) (Stete or country)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

ian

(Stete or country)

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15. MAIDEN NAME

19. UNOERTAKER (Address)

20. FILED ...

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DEATH

OF

RECORD.

STATE OF MARYLAND—CERTIFICATE OF DEATH County . Registration Dist. No. crest Drive (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED; WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) arried 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 36 to Men 20 march 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above At 22 V 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were es follows: 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (Stata or country) 13, NAME

Regist

Date of onset

What test confirmed diagnosis?. ----- Was thera an autopsy?\_\_\_ 23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicida, or homicide?\_ Date of injury

Whera did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

Nature of Injury.

24. Was diseasa or injury In any wey ralated to occupation of deceased?

If so, specify (Signed).

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury



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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
- Carrotte	111491,1000		1 godi

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

properly classified. Exact statement

AGE should be stated EXACTLY.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

of OCCUPA.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			The second secon	10
County	Baltimore			Registration Dist. No.	1)
	City Catonsville	)		No. Spring Grove State Hosp St	Ward
			(18 yrs 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and s. II ds. How long in U.S. if of foreign birth?	number)
2. FULL N	AME Mary F.	Downie		If U. S. Veteran, specify WAR	
	ence: No. Catonsvil			St., Ward.  If nonresident give city or town an	d State
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIYORCE WICOV	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 28, 1936.  (Month) (Day)	., 193 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	1010/	ownie.		22. JHEREBY CERTIFY, That Jettender 3/17/08 19 to 5/28/36 a	d deceased from
6. DATE OF BIRTI	H (month, day, and year)	Inknown S	Feb 8 1861	1 lest saw h • r alive on 5/28/36 19	; death is said
7. AGE Y	Years Months	Days	If LESS then	to have occurred on the dete stated above, at 8 • 30 a • m.	
74?	75 3 *	20 9	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dats of onset
8. Trede, pro	ofession, or particular f work done, es SPINNER, ER, BOOKKEEPER, etc	Housewor	k		
Industry o	r business in which was done, as SILK MILL,	19		Chronic myocarditis	Unk.
10. Date dece	MILL, BANK, etcesed last worked at cupation (month and	spe	ime (years) nt in this Life	(Dementia)	**
12. BIRTHPLACE	(city or town) Reg 7 to 1 mg	ore city.		Other Coatributory Causes of Importance:	
(State or co	George W. Bisl		Md.	Acute dilatation heart	2hrs.
13. NAME 14. BIRTHPLA	CE (city or town) Balt	imore,		Name of operation None Dete of	
(Stelle	or country)		Md.	What test confirmed diagnosis Phys. findings Westhere an	autopsy?
15. MAIDEN N	1:17	altimore		23. If death wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Dete of injury.	•
State	CE (city or town)	Md.		Where did injury occur?	, 17
17. INFORMANT S	Spring Grove St	tate Hosp	records.	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREM	ation, or REMOVAL	Date May	30, <sub>19</sub> 36,	Manner of injury	
19. UNDERTAKER (Address)	Wm Jick	mer & Penna	sons avec	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 5.	31 195	Top	C. Registrar.	(Signed) Chan't, Schund	M. D.
	If more	blank are heeded	eddred State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. J. J.	teltos

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Chronic interstitial nephritis 111 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			200/21/3

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4881
1. PLACE OF DEATH ,	<u></u>
County Balturore	Registration Dist. No.
Village or City Jourson	No Vreslyterian Home St., Ward
9	death occurred in a horsetal or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
11 10 Clastin	*
2. FULL NAME MANIE & CONTROL & CONTR	( Oh Ward
(a) Residence: No. Storgia Court Y Will hill	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	The service of the se
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
10 18/1	Hast saw her alive on way of 1976; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Di ale tes ellelletus. un.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at  11. Total time (years) spent in this	
SAW MILL, BANK, etc.	
tins occupation (month and	
year) occupation	Other Coutributory Causes of importanco:
12. BIRTHPLACE (city or tower)  (State or country)	
E	No. of contrast of the contras
4. BIRTHPLACE (city (or town) (State or country)	Name of operation Date of Was there an autopsy?
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
I Company	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
Mar & Cal th	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Preselvations	open, mana mjer, eterre m mene, et m eterre m
18. BURIAL, CREMATION, OR REMOVAL	Mamer of Injury
Place to paris evelery Date May 20,193	Nature of injury
19. UNDERTAKER John O. Muchell Lous 1	24. Was disease or injury in any way related to occupation of deceased? W
(Address) 1900 Eulaw Recent	If so, specify
20 FILED MY 25 ( St. W. Marall Carton	(Signed) Stutt Sulle A. M. D
Registrar.	(Address) Jaman Illl
// If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. s.

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	Example 1		Example II	
The principal cause of importance were a	of death and related gauses as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	REIDEALL V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OCCUPA PHYSICIANS statement Exact properly may back plnods OF DEATH plnods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. Woodlawn Village or City Windsor Mill Road No. WINGSOY WILL ROAG St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residance In city or town where daath occurred Liffs. mos. ds. How long In U.S. If of foralgn birth? yrs. mos. ds. Mary Elco Ehrhardt 2. FULL NAME (a) Residence: No.Windsor Mill Road, Woodlawn St.,
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DAYORCED (write the word) Female White Widowed 5a. If married, widowed, or divorced I HEREBY CERTIFY. That I attended deceased from William E. Ehrhardt 22. (or) WIFE of 2 1916, to May de April 16, 1864 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than to have occurred on the date stated above, at \_\_\_ P \_\_\_ m. Days 1 day, \_\_\_\_\_ hrs. 16 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceased last worked at II. Total time (yaars) spent in this this occupation (month and occupation ... Othar Contributory Causes of importance Baltimore County 12. BIRTHPLACE (city or town) (State ar country) Maryland 13. NAME 14. BIRTHPLACE (city or town). (Stata or country) What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ OTHER Catherine ? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida? Date of Injury 4494 . 19 36 16. BIRTHPLACE (city or town) .... Germany (State or country) Where did injury occur?. (Specify city or town, county and Stafe) Townsend Ritter Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC Woodlawn. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Olive Cem. Place Mt. Natura of Injury 24. Was diseasa or injury In any way ralated to occupati 19. UNDERTAKER (Addrass) If so, specify (Signed) (Address) 4509 Liberty Heights Ave. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1800
1. PLACE OF DEATH	1000
County Baltimore	Registration Dist. No.
Village or City In Lake Roland,	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?
2. FULL NAME Richard Vermon t	ennelly hota war vekeren.
(a) Residence: No. 52.2-6 (Usual place of abode)	St. Wald.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DEVORCED (writed word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 20, 1926	I last saw h. alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at SEP.M
10 3 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, at 9. Industry or business in which	Date of onset of involved.
9. Industry or business in which work was dona, as SILK MILL 3	le Drowning in 5/10
work was dona, as SILK MILL/3 Color of the SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year) spent in this occupation.	Lake Roland" 1936
and in	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Declased and trying to amm. He stepped
13. NAME aurence a. Fennelly	ten heet decho the west down at once and and
14. BIRTHPLACE (city or town) Backing	Nama of operation drowned Data of
(State of Codulty)	What tast confirmed diagnosis?
15. MAIDEN MAME CLEAN COOLS TOWN 16. BIRTHPLACE (city or town) Ben Tlay Sprange	22 If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury 19 19
- Country of Country of the Country	Whara did injury occur? (Specify city or town, county and State)
17. INFO/NANI (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place 13, 1936	Manner of injury - accidental drawning o while try-
I 11.01- 1028	Natura of injury ung to swime
19. UNDERTAKEN SO ( W. + AND SO BOOK	24. Was disaasa or injury in any way related to occupation of decaasad?
20. FILED THAT II TO WE WANTED Registrar.	(Signad) Man A Charles M. D. (Address) A Charles M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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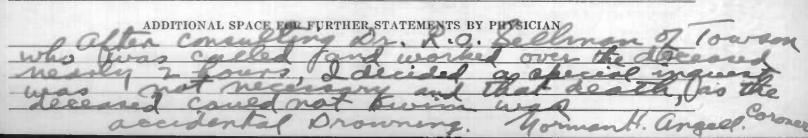
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Example I	v vene	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage UN 6 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



WRITE P

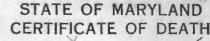
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M	sot aot	PLACE OF DEATH
	EX	County Baltimore



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illage or	City	Dundalk	(No.	6911	Railway	Ave.
		***** ** ***** ** * * * * * * * * * *				

Infant Fontini

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME Is -stend of street and number.)

3 SEX	4 COLOR OR RACE   5 SINGLE	
Female	I OR DIV	veb. Single ver
B DATE OF B	IRTH	
	May 21, (Month) (1	Day) 1936 (Year)
AGE	Stillborn	If LESS than I day hrs.
	yrsmos	ds. or min.?
particular ki (b) General Misiness, or	profession or NONE ind of work	
	oyed or (employer)	
State or c	Dundalk. Md.	Ave.
FATHER		
OF FAT (State	PLACE	
12 MAIDE		tti
< OF MOT	BI ACE	
OF MOT 13 BIRTHE OF MOT		
OF MOTO	THER	NOWLEDGE
OF MOTO 13 BIRTHE OF MOTO (State of 4 THE ABOVE	THER COUBTRY) Italy	trini

Filed 5/21/36 192 MMleans

MEDICAL CERTIFICATE	OF DEATH
	192 , 192 , d above, atm,
Secondary	
*State the l'issase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
Where was disease contracted, if not at place of dea h?	DATE OF BURIAL May 22, 1936
O INDERTAKER	ADDRESS

(Approved by U. S. Census 2nd American Fublic Health Association.)

should be used only when needed. As examples: (0) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as  $\nu_{ay}$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been clanged definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"(E:haustion," "Heart Innure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., ot "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on carbolic acid—probably suicide. The nature of the injury, xamples: Accidental drowning; Struck by roilway troinmerican Medical Association.) Recommendations on statement of cause of death danus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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M

	County County	non		Registration Dist. No.	+	
	Village or City Ban	cus for	nt (If	No. / O 20 St., death occurred in a horpital or institution, give its NAME instead of street and nu	imber)	
	Length of residence in city or town where	death occurred	yrsmos			
2	2. FULL NAME Atal	bow or	Mant.	OTTOS Veteran specify WAR	au-+00+00	
	(a) Residence: No. 1020	(Usual place of	of abode)	St., Ward.  If nonresident give city or town and S	itate	
	PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3.	Male Lol	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 10 th	193 (Ye	
5a.	. If married, widowed, or divorced HUSBAND of		1			
	(or) WIFE of	11-10-28		22.   HEREBY CERTIFY, Thet I ettended d		
6.	DATE OF BIRTH (month, dey, end year)	May 10	1936	I lest sew h elive on, 19		
	AGE Years Months	Deys	If LESS than I day, hrs.	to heve occurred on the dete stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
NOI	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		,	Itel long	Date	
UPAT	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc			(5 ms)		
0	10. Deta deceesed last worked et this occupation (month end year)	11. Total ti span octu	me (years) it In this pation			
12.	BIRTHPLACE (city or town) As as	roust.	m	Other Contributory Causes of Importance:		
ER.	13. NAMellyander &.	Former	v.	(Territory)		
FATH	14. BIRTHPLACE (city or town)	arrows	Pour	Neme of operation Dete of		
MOTHER	15. MAIDEN NAME Bernier	a. Lan	•	Whet test confirmed diegnosis? Wes there an at 23, If deeth was due to externel causes (VIOLENCE) fill in elso the following:		
MOTH		enna		Accident, sulcide, or homicide? Date of injury		
17.	17. INFORMANT Bernier 9 # awerses  (Address) Prancus Pour  18. BURIAL, CREMATION, OR REMOVAL  Please of the party of the p			Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury		
18						
19	UNDERTAKER On atomica	Ralor	aton	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?		
	(Address)	ne floor	200 h-2	If so, specify (Signed)	)	

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L. C.	, i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

/		OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE O	F DEATH		059)
County	Baltum	ore)	Registration Dist. No.
Village or C	ity codge	mere	No. St., St., If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of resi	dence in city or town whera		death occurred in a hospital of institution, give its IVAIVIL instead of street and number)
2. FULL NA	ME MIA	y Marie 4	new If U. S. Veteran, specify WAR
(a) Residen		-f	St., Ward,
(a) Kesiden	ce. No	(Usual place of abode)	If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yea
5a. If married, widow	ed, or divorced		
(or) WIFE of			1 HEREBY CERTIFY, Thet lattended deceesed
	7	110117118 183	1 last sew here elive on 20, 1936; death i
6. DATE OF BIRTH 7. AGE Yes	(month, dey, and yaer)	Days If LESS than	to have occurred on the data stated above, at
	in onting	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade profe	ssion, or particular	l ormin.	wera as follows:
kind of s SAWYER 9. Industry or work wa	work done, as SPINNER, BOOKKEEPER, atc		Inemature mo
9. Industry or	business in which s dona, es SILK MILL,		
SAW MII	L, BANK, atc	1	- (6 nes)
O this occu	ad last worked at pation (month end	11. Total tima (yaars) spant in this	
year)	£,	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (ci	/	imere prof	
13. NAME	Ismy Le		
14. BIRTHPLACI	(city or town)	Balto n. A	Name of operation Date of
(State of	country)	ind	Whet test confirmed diagnosis?
15. MAIDEN NA	ME Manquest	Lyren	23. If death was due to axternel causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE			Accident, sulcide, or homicide? Date of Injury, 19
≥ (State or	country)		Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT(Address)	ns Latte	nerg	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL	(h1-11-	Manner of Injury
Place J.Co.	rulest	Date /	Nature of injury
19. UNDERTAKER	Parent.		24. Was disease or Injury In any way related to occupation of deceased?
(Address)		12,00	If so, specify
20. FILED CINCE	1 ,1976/1	Allemin (M. Registrar. K	(Signed) Name Woldness (Addrass) Cpanans Pens
/	If mor	e blanks are needed, address State Registra	r, 2411 N. Charles Street, Balemore, Requesting U. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Puly 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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If more branks are needed, address State Registrar, 16 W. Saratoga St., Baltof Requesting V. S. No. 1.

RT	IFICA	TE	OF	DEAT	
D.	egistrat	ion I	iot N	. 38	

Village or City Luksalle (No.	Clarkswort
a.cm	1/00

PLACE OF DEATH

<sup>2</sup>FULL NAME

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

	PERSONAL AND STATISTICAL PARTICULARS
Ship	all White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)
D	ATE OF BIRTH
	May 5 ,1881
	(Month) (Day) (Year)
A	GE   If LESS than   I day hrs.
2	3 5 yrs. 0 mos. // ds. or min.?
P	Trade, profession or Cheapake Jager
6	5) General nature of industry usiness, or establishment in blich employed or (employer)
B	(State or country)
	10 NAME OF JM Hall
0 2	11 BIRTHPLACE OF FATHER (State or country)
T A X II	12 MAIDEN NAME COMMA JMOS
	13 BIRTHPLACE OF MOTHER (State or Country)
4	(Informant) Ruth J. Hall
	(Address) Clarksworth Place
5	Filed 5/23 1936 a. M. Bacow

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH May 22 , 1936			
(Month) (Day) (Year)			
Jell 1936 10 MM VV , 1956			
that I last saw have on May 21, 19256			
and that death occurred on the date stated above, at			
The CAUSE OF BEATH Was satisfied and a			
TWWY,			
•			
Contributory CLASSING Secondary			
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (S			
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)			
At place of death yrs mos. ds. State yrs mos. ds.			
Where was disease contracted, if not at place of death?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			

S. No. 1

B

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANEN.

UNFADING INK--THIS MARGIN RESERVED

BINDING

FOR K S

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (o) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Cotton mill; (o) Salesmon. (b) Grocery.
(b) Automobile factory. The material

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

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answered in detail, it will prevent further correspondence. All the

looked over thoroughly and all questions

American Medical Association.) (Recommendations on statement of cause of telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably sucide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL \*epticaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Debility"\_("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonio (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcosles; inges, poritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

item of infor-

## STATE OF MARYLAND-CERTIFICATE OF DEATH 4888

1. PLACE O				(23)	X		
County Balto Co				Registration	Dist. No.	44	
Village or (	city Rosedale			No.		St.,_	Ward
Length of ras	idence in city or town where o	leath occurred		death occurred in a hospital or instit			
	ME Margaret			If U.S. Yeteran spec	ify WAR.		
(a) Resider	nce: No. Mc Cormi	(Usual place		St.,Ward.	If nonresident	give city or town a	and State
PERSON	NAL AND STATIST	CAL PART	CULARS	MEDICAL C	CERTIFICATE	OF DEATH	
female	4. COLOR OR RACE white		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	<b>*</b> 5	11 (Day)	, 193 36 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced single			22. Selt 19	Y CERTIF		ed deceased from
C DATE OF BIRTH	(month, day, and year) NOV	27 100	10	I last saw h D alive on			6; deeth is said
	ars Months	Days	If LESS than	to heve occurred on the date sta	0-1	orp.m.	
33	5	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and releted caus	ses of importance	
8. Trade profe	ession, or particular			Rubnoway Ju	beralose	S	Date of onset
SAWYER	work done, as SPINNER, AR, BOOKKEEPER, atc.	louse wo	rk	Bronchall	adhma		1934
9. Industry or work was SAW MI	businass in which as done, as SILK MILL, LL, BANK, etc.	t home					
10. Date decease	sed last worked at		ime (years) ntin this	-			
	pation (month and	spa	nt in this upation	-			
12. BIRTHPLACE (c	ity or town)Ba-1-t	ю-Со	md	Other Contributory Causes of im	portance:	tin	1 dan
置 13. NAME W:	illiam Harps	3		-			
H 14. BIRTHPLAC	E (city or town)		o Md	Name of operation	lo-	Date of	an autopsyl
当 15. MAIDEN NA	AMERegina Rie	del	110	23. If death was due to external c			
15. MAIDEN NA	E (city or town)	-1-toGa	16.3	Accident, suicide, or homicide?_		Date of Injury	, 19
₹ (State o	r country)	ST. 00. CC	MG	Whara did Injury occur?			
17. INFORMANT Riginia Harps-			Spacify whether injury occurred	In INDUSTRY, In HO	r town, county and S OME, or in PUBLIC	PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury					
Place Holy Redeemer Data May 14,136			- Nature of injury				
19. UNDERTAKER(Address)	Xilly 0 3	eller	Test.	24. Was disease or injury in any	way related to occup	pation of deceasad?	No
20. FILED May	13 1936 John	2 S. Gr	Registar.	(Signed) Jeogram (Address) 202	4 EBe	el John Sch	enger. D.
	If more	LI	Ale Care Barrer	Dans N. Charles Street Relainage	Paguartina 71 C Ma		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1. 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

em of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1/ PLACE OF DEATH	
County Baltiman	Registration Dist. No.
Village or City Tharrow Point	No. 309 E, St., Ward
(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allum II. Mar	yell of the
(a) Residence: No. 309 6 At Sy	Lastronal out MI
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, withoused, or diversed HUSBAND of Lory WHEE-OF Catherine Harlosell	22.   HEREBY CERTIFY, That I attended deceased from
001185	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) July 6, 1010	l last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11.20 A.m.
00 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	at he had the
The street or husiness in which	ucue mocarlitie; on sente
work was done, as SILK MILL, Sthele hem stutted	rattock, englatted upon a chranic my-
11. Total time (years) spent in this	recordities Primary course; undertermined
year) occupation occupation	Duration: Usa assoute. Questing
12. BIRTHPLACE (city or town) Shivelly Pa	Other Contributory Causes of importance:
(State or country)	
13. NAME Tryamin Harfael	
13. NAME Myaning Harfael 14. BIRTHPLACE (city or nown) I musylvama	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carthering Turman	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Image Varia	Accident, suicide, or homicide? Date of injury, 19
X (State of country)	Where did injury occur?
17. INFORMANT FOR F. STREET, Orollis (Address) 6601 Oronellat, Allo Mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Danville (Pa Date May 9, 1936	Nature of injury
19. UNDERTAKER John + Denny (Address) 715 July 4	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 8th, 193 Gy Christonics Maggiores.	(Signet) Serry H. Lenny (none)
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial mephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH of plnods County Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. statement PHYSICIAN RECORD. (a) Residence: No. (Usus place of abode) Il nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR ON RAGE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word PERMANENT (Month (Day) (Year) assified ballf married, widowed of divorced 22. I HEREBY CERTIFY, Thet I attended deceased from (or) WIFE of 5 Œ 6. DATE OF BIRTH (month, dey, and yeer) certificate properly 7. AGE Years Days If LESS than to have occurred on the date stated above\_at ... Months 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or \_\_\_\_ min. Data ol onsat 8. Trade, profession, or particular THIS. PATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc ... back may should 9: Industry or business in which work was done, es StLK MILL, SAW MILL, BANK, etc.\_\_\_\_ INK uo 10. Date deceased last worked at 11. Totel time (years) this occupation (month andspent in this that occupation \_ instructions UNFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms. HER See FAT 14. BIRTHPLACE (city or town) plain Name of operation ... (Stete or puntry) carefully What test confirmed diagnosis? ----- Was there en autopsy? MOTHER important. Ë wath was due to external causes (VIOLENCE) fill in elso the following Dete of injury. Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State of country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE should Very OF (Address) 18. BURIAL, CREMATION, OR REMOVA WRITE .00 AUSE Date mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKES (Address If so, specifi Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rogness

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICIAN
after consulting Dr. V	EMEN'S BY PHYSICIAN 209 Work.
ave Towen was was	Called & deceded a
apreced inquest, was	not necessary and that
afterned met the	passen by folkery down
many acceptancy	forment. angolf Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA-

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STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	4891
DEATH				10	

1. PLACE OF DEATH			(F) 12	1
County Baltimore	<u> </u>	Registration Dist. No. 3.3		
Village or City Ournigs	mills, med		No. Cosewood State ringer	har Ward
	16	. (1)	death occurred in a hospital or institution, give its NAME instead of street and i	number)
Length of residence in city or town where	death occurredyrs,	mos		)sds.
2. FULL NAME Purcar	Henry		If U. S. Veteran, specify WAR	
(a) Residence: No. Anne		County		
PERSONAL AND STATIST	(Usual place of abode	-	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, W		21. DATE OF DEATH	
4. COLOR OF RACE	OR DIVORCED (write		may 27	193 6
5a. If married, widowed, or divorced	dingle		(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of			22.   I HEREBY CERTIFY, That I attended	deceased from
(01) 1112 01			May 25, 1936, 10 may 27,	19 36.
6. DATE OF BIRTH (month, day, and year)	1919 (auteno	mm)	I last say her alive on May 26, 1936	; death is said
7. AGE Years Months		LESS than	to have occurred on the date stated above, at	
17		,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	2 + 1	-	J- 4- A - A - L -	Oute of onset
SAWYER, BOOKKEEPER, etc.	umale, Kosewi	ask.	leute Bronchetis -	5/12/36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	State Avaini	/ / /	Broneho Premmera-	5/25/36
10. Date deceased last worked at	11. Total time (year	rs)	/	
this occupation (month end year)	spent in this occupation			
12, BIRTHPLACE (city or town)	1	1	Other Contributory Causes of importance:	dender
(State or country) where U	rundel Com	ily.	Plant. andiblace idit	Cust
13. NAME hukns	mu.	1	The state of the s	- 50007.2
13. NAME hulens 14. BIRTHPLACE (city or towns turbens	nu.		Name of operation Date of	
(State or country)	= 65-1		What test confirmed diagnosis? Chinical + hearings	autoney? 2100
15. MAIOEN NAME Leuline	m.		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Leading  16. BIRTHPLACE (city or towared in a	um.		Accident, suicide, or homicide?Oate of Injury	
State or country)			Where did injury occur?	
17. INFORMANT Sustitutional Records -			(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	e) ACF
(Address)				
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Coswood 6 sine	Date May 2	7,1936	Nature of injury	
19. UNDERTAKER I. F. Elin	re + fores		24. Was disease or injury in any way related to occupation of deceased?	Two.
(Address) Pustustown Md			If so, specify	
20. FILED luny 27, 1936	70-6		(Signed) Harry D. Burler	
20, FILED-16		Registrar.	(Address) _ flowing 5 hull, M	9.
If more	blanks are needed, address St	ate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage UN 2 1930	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLA	CE OF DEATH		O-CERTIFICATE OF DEATH
Cou	inty /3	alternove	Registration Dist. No. 1/2
Villa	age or City 3	loomfuld	NoSt.
Leng	gth of residence in city or town	where death occurred 4 vrs	(If death occurred in a horpitation institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrs,mos
2 FIII	I NAME To	use been	
(3)	Residence: No. 141	1 R. II. Ten	use St. Grz Ward.
(4)	mostachoc. Mo	(Usual place of abode)	If nonresident give city or town and State
		TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	
Hem	all when	Marred	(Month) (Day) (Yed
HUSBA	ed, widowed, or divorced AND of IFE of	0 1/0	22. f HEREBY CERTIFY, That I attended deceased
	veory	en Herry	Chul 25, 19 3 6, 10 may 1, 19
	F BfRTH (month, day, end year)		8) Hast saw II elive on Muy 1, 1936 death
7. AGE	Years Mon	ths Days If LESS to	
l o To	do esofosion os continuos	ormin	were as follows:
NO S. III	de, profession, or perticular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	ER, Houseife	heuto Munoentites 40
9_1nd	ustry or business in which work was done, as SILK MILL,		1,09
D 10: Date	SAW MILL, BANK, etc		
0	this occupation (month and 'year)	11. Totel time (years) spant in this occupation	
	12	afterno me	Other Contributory Causes of importance: Hemvilue
	LACE (city or town) te or country)	unimor- m	1 Coulty Francisco
€ 13. NAN	ME When	Russell	
13, NAM 14. BIR	THPLACE (city or town) 4	Ballmore )	Name of operation VVV
	(Stete or country)	· /	What test confirmed diagnosis Was here an au'opsy?
15. MAI	IDEN NAME LUS	lesson	23. If death was due to external causes (VIOLENCE) fill In elso the following:
il anna	THPLACE (city or town)	γ	Accident, suicide, or homicide?
	(State or country)	11	Where did injury occur? (Specify city or town, county and State)
17. INFORM	1 4 . 1 / 1 / 2	Hew Ass	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
	CREMATION, DR REMOVAN	wentouse or	Manner of injury
Place	LAT NO	vel Date May + 19	Nature of injury
10 1100000	Legions	of Friend	24. Wes disease or injury in any way releted to occupation of deceased?
19. UNDERT	dress) 2359 1	wash Blood	If so, specify
4	911	01 11.1	and the state of t
20/11/10	193/	WI TANALIE AN	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis :	3 days ago		
	ra raseri				
Other contributory causes of importance:		Other contributory cause of importance:			
Gallstones	May 1,1923	Gastroe to its	1 year		
		18 3 3			

V. 8 No. 1

PLACE OF DEATH  County Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Tows-on (No. 606 Y	Registration Dist. No.  Ork Road St.: Ward)  A hospital or institution, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	no gran MEDICAL CERTIFICATE OF DEATH
Male White Single. Married OR DIVORCED (Write the word)	16 DATE OF DEATH May 2.5 , 192 6
December 27, 1858	17 I HEREBY CERTIFY, That I attended the deceased from February 15 1926 to M 2 5 23 , 1926, that I last saw h im alive on M 2 7 23 , 1926
7 AGE    The second of the sec	and that death occurred on the date stated above, at 8:45 p.m. The CAUSE OF DEATH * was as follows:  Chaonic, Myacardita
particular kind of work Sheet McJul Work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory acute Cardina Desson James Lie
9 BIRTHPLACE (State or country) Germany	Secondary (Indication) yrs mos 3 ds.
FATHER August Herzog	(Signed) 1/44 23/1926 (Address) I own M. D.
OF FATHER (State or country)  12 MalDEN NAME (State or country)	*State the Piscase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gmma (.)	is LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
(State or Country) Germany.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE AGOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) your find	Prospect Hill May 26, 1936
Filed May 15 100 Margell Gay Store	John Burns Sono Twom 14
If more banks are needed, address that Negistral	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective ci Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Theumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

approved by Committee on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Carbolic acid—probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Hiaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, su.h as "Asthenia," "Anaemia" (mere'y symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," (secondar) or intercurrent) affection need not be stited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menaras prehably such, if impossible to determine definitely Chronic interstitial nephritis, If this certificate is looked over thoroughly and all questions perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

BIN	
FOR	
RESERVED	
MARGIN	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4204
1. PLACE OF DEATH	82-0
County Galtinger	Registration Dist. No.
Village or City Luthervelle	NoSt., Wal
V	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME William Lo. High	in Olm Oratran
(a) Residence: No. Gollege ave	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nay 27 ch. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIFE of Edna M. High	22. I HEREBY CERTIFY, That I attended decessed from
COATE OF PIPTU (See to the second Coat 16 1881	
6. DATE OF BIRTH (month, dey, and year) Oct / 6 8 8 7 7. AGE Years Months Days If LESS then	to have occurred on the date stated above, atm.
5-4 7 1 1 day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, House Pointer SAWYER, BOOKKEEPER, etc	Cesebral Hemorrhage Outs of one
9. Industry or business in which work was done, as SILK MILL, with Roy Roller SAW MILL, BANK, etc.	\ \(\tau\).
10. Date deceased last worked et this occupation (month end year)	( )
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:  Ortural Courses  Lukan
13. NAME improur	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town). Many (State or country)	23. if death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT & dna M. High (Address) Lutheville	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PILOTIC PROPERTY OF THE PROPE	Manner of injury
19. UNDERTAKER John Burns Const (Address) Jourson Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 28, 1936 William J. L. Mil. Registrar.	(Address) acting Coroner Thoron
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH	4895
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1. PLACE OF DEATH		(3.20)
County Belling		Registration Dist. No. 38
Village or City		Np. St Ward
	(1)	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Joshua outh		no War Record
(a) Residence: No. 502 Fair	Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Name of write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced		
ton) WHE of Charlotta S. H	litcheock	22. I HEREBY CERTIFY, That I attended deceased from
	1et 1869	1 lest saw h alive on
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 12 Pm.
67 0	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	8   ormin.	were as follows:  Date of onset  Man 9
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	12 chasic	Associa sellasis May 9.
9. Industry or business in which work was done, as SILK MILL, BLACK SAW MILL, BANK, etc.	K - Dankan	Cha
SAW MILL, BANK, etc	11. Total time (years)	nic myocardetis. Duration: probably
this occupation (month and 1932	spent in this occupation	three or four years. Curses.
12 RIRTHDI ACE (city of town) Han ford	C	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Van for A (State or country)	ms.	Had two as three condral hemarchages,
13. NAME Voshus L. Drit	teh cock	- over several years. Became Trogressively
13. NAME Voshua L. Hir 14. BIRTHPLACE (city or town) You	R. C.	Name of operation Date of
(State or country)	Pa	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Parah F.	Clark	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah 7.		Accident, suicide, or homicide?
≤ (State or country)	md.	Where did injury occur?
17. INFORMANT Reslotte S. He	teheock	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 502 Fair mous	et an	
18 BURIAL, CREMATION, OR REMOVAL	May 12 7 1936	Manner of injury
Place Has ford C - Md - Date	7 4 1900	Nature of injury
19. UNDERTAKER		24. Was disease or injury in any wey related to occupation of deceased?
(Address) /2/9 St	well to	If so, specify
20. FILED MAY 1	rule juntin	(Signed) Clewrold Itwell M. D.
Is more blanks	re needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example		Example II		
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

BIND	
FOR	
RESERVED	
MARGIN	

4896 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 33
Village or City Maryland Line, M.	d. No. St. Ward
	(If death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence In city or town where death occurredyrs	.mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sullvorn Hoffar	Kels!
(a) Residence: No. Mary land Time (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Male White OR DIVORCED (wrighthe wor	1930
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Ø24 10	may 2 2, 193 C, to , 19
6. DATE OF BIRTH (month, day, and yeer) May 25.  7. AGE Years Months Days If LESS th	36   I last saw h/ elive on, 19; death Is said
7. AGE Years Months Days If LESS th	The state of the s
Ormin	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPFR, etc	01 1 0 01-11
9. Industry or business in which	Still vorn Blued
SAW MILL, DAMA, Stc	
1D. Date deceased last worked at this occupation (month and spent in this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Ill swyland dine (State or country)	
5 0 7 00 1	
13. NAME and A offaction 14. BIRTHPLACE (city or town) Range and	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Loub Clar Kinards  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
m. A 000/00 - W	Where did injury occur?  (Specify city or town, county and State)
(Address) Mary Land Line Da	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place May Freedom, Labete May 2 6, 19.	
19. UNDERTAKER Laul U Harteusteur	24. Was disease or jajury in any wey releted to accupation of deceased
(Address) New Fredom, Ja.	If so, specify
20 51150 Drag 26" 1036 Police To 9 800	(Signed) Nagges The Sirel Me
Defelo Joe & Registra	r. (Address) Stervartstonn Ja
If mble blanks are needed, address State Regi	istrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact Statement of OCCUPA.

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

-WRITE PLAI V. S. No. 1 N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4807
1. PLACE OF DEATH	
County Ballimare	Registration Dist. No. 3/
Village or City Round 100 0-	No Trained IPO
Length of residence in city or town where death occurred_125_yrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  18ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary S Holland	If U. S. Veteran, specify WAR
(a) Residence: No. Randalistous (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH  May  18  (Worth)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Paniel Holland	(Month) (Day) (Yeer)  22. I HEREBY CERTIFY, That I attended deceased from  1936, to may 18, 1936; death is said
6. DATE OF BIRTH (month, day, and year) May 20 1870  7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 150 m,
65 // 28 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and raletad causas of Importance
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Dete deceased last worked at this occupation (month and year)	were as follows: Chronic Parenchymators Date of onset  Cuphritis  Urenus Convulsions  Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Samuel Bambart	
13. NAME Samuel Barnhart  14. BIRTHPLACE (city or town).  (State or country) Howard Co md	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME mary Ellen Severgins 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
17. INFORMANT James Thompson (Addrass) Pikesville mg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Can Date May 21 , 19.36	Manner of injury
19. UNDERTAKER ma Heo Holland (Address) 1631 Druid Millan Ballo	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED May 19 , 1936 wm & martin Registrar.	(Signad Vor E. Marteir M.D.  (Addrass) Landellston M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephrales	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No item (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS How long in U.S. if of foreign birtb?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ statement RECORD. (a) Residence: No (Usual place of abode) If nonresident e city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word PERMANENT CTL (Month) (Day) (Year) classified. 5a. If marriad, widowed, or divorced That I attended deceased from (or) WIFE of H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on tha date stated abova, stated 1 day, ....hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ... min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.\_\_\_ THIS -OCCUPATION Jo 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ plnods may back INK 10. Data daceasad last worked at no 11. Total time (years) this occupation (month and spent in this 504 that instructions UNFADING 80 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully Was there an autopsy?. HER 15. MAIDEN NAME important 23. If death was dua to external causes (VIOLENCE) fill in also the following: in MOT Accident, suicide, or homicide?\_\_\_\_\_ Data of injury DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFORMANT. Very pluods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL WRITE 00 Manner of injury CAUSE 26,1936 mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify (Signed) Registrar (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	-1	Example II	
The principal cause of importance were a	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

state m of infor-

should

of OCCUPA-

1. PLACE OF

County\_\_\_\_ Village or Ci

Langth of resid

PERSON

2. FULL NA (a) Resident

5a. If married, widow HUSBANO of (or) WIFE of

6. DATE OF BIRTH

8. Trada, profes

Industry or work was 10. Oate decease this occup

kind of w SAWYER,

yaar) \_\_

(State or cour

15. MAIOEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (cit

13. NAME 14. BIRTHPLACE (State or

17. INFORMANT (Address)

19: UNOERTAKER

(Address)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF DEATH Baltimore ty Hulle	ston	(le	death occurred in a hospital or institution, give its NAME instead of street and number)	ard
ME Mary	H willed	owang	St., Ward.  If nonresident give city or town and State	.05.
AL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	tied, WiooWed, (write tha word)	21. DATE OF DEATH 20, 193 6, (Day) (Year	)
month, day, and year) He	b. 22 0ays 28	If LESS than I day,	22. I HEREBY CERTIFY, That I attended deceased  1 1 2 1936, to 1930 1930 1930 1930 1930 1930 1930 1930	said
sion, or particular ork done, as SPINNER, BOOKKEEPER, etc ousiness in which dona, as SILK MILL, L, BANK, etc	House	wife	Brocks Promonia 5/15/	36
d last worked at attorn (month and yor town)		me (years) tin this pation	Other Contributory Causes of importance:  Condi Calculi Happin Congriss	
(city or town) country)	md		Name of operation Date of Was there an autopsyll	0.

23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury Whera did injury occur?\_\_\_\_. (Specify city or town, county and State) Spacify whathar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury.

24. Was disease or injury In any way related to occupation of daceased?

If so, specify (Signed) Registrar.

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Arteriosclerosis	1915	Attack of epilepsy S' A NY3808	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis   NIII	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	Z	
1	'n	

N. B.-WRITE PLAI

STATE OF MARYL	AND—CERTIFICATE OF DEATH 437(h)
1. PLACE OF DEATH	(3V). X
County Dallmong Ff	Registration Dist. No.
Village or City Dundalle	No. / Lownship / d.st. V
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give it NAME instead of street and number)  rs
2. FULL NAME Margaret	Lugh Eo If U.S. Veteran apecify WAR
	Tury St. Ward. Daniel
(a) Residence: No. // //www. (Usualplage of al	
PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIEI OR DIVORCED (2)	widowed, 21. DATE OF DEATH
T Vr. mars	(Month) (Oay) (Yee
5a. If married, widowed, or divorced HUSBAND of	22. MEREBY CERTIFY. Mat I attended deceased
(or) WIFE of John C. Hu	Mene 135 10 May 12 196
6. DATE OF BIRTH (month, day, and year) July 104	1869 1 last saw Mex alive on May 12/1936; death is
7. AGE Years Months Days	If LESS than to heve occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	/- D 4/7
	Cardes Vasendor rense /
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Acres Typelenson
10. Oate deceesed last worked at 11. Total time	lears)
this occupation (month and spant in occupation)	n
12. BIRTHPLACE (city or town) Galtimor	Other Coutributory Causes of Importance;
(State or country)	
13. NAME Kulcuou	
14. BIRTHPLACE (city or town) / Galto	Name of operation Oete of Oete
(State of country)	Whet test confirmed diagnosis? 66.44 Was there an autopsy?
E 15. MAIDEN NAME CONSCIONA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOING Co: Augho	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alumballa 17	Manage of Intimus
Place moreland might offe 5/1	Manner of Injury  Nature of injury
Jelas & Pagas	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address)	if so, specify
81.11 1 00000	(Import
20. FILEO 0/14/3 (9) (YYMVOOR)	(Signed)

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Chronic interstitial nephritis - CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(	PINA
V. S. No. 1	N. B.—WRITE

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4901
state UPA.	1. PLACE OF DEATH	(3)
ould stat	County Recedo Knoll Catoma	elle Md Registration Dist. No. 30
should of OCC	Village or City The Doughler of Euch arist	No. Coal and Julla Mil St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
70		ds. How long in U.S. if of foreign birth?yrsmosds.
RECC.D. Every PHYSICIANS Exact statement	2. FULL NAME Catheine Hulana	NR-116
SIC ate	(a) Residence: No. Accordo Karle Contant	Sele Ward . Washington Q.C. V
HY.	(Usual place of abode) 2 / 2	Nouth Capital St. If nonresident give thy or town and State
REC. Pl	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yaar)
MANEN A C T I assified.	5a. If married, widowad, or divorced HUSBAND of	
A (A)	(or) WIFE of Name Ayland	22. HEREBY CERTIFY, That I attended deceased from
CXE.	6. OATE OF BIRTH (month, day, end year) Nov-19, 1891	I last saw h. On efiva on 57 18 1936; death is said
d Herly cate	7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at 330 Pm.
IS A PE stated E properly certificate	64 y 21 4 29 1 dey,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
S IS sta	8 Trade profession or particular	Carebratthroupus 4dus
HIS pe pe pe of of	SAWYER, BOUKKEEPER, etc.	
NK_T should it may n back	9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
INE INE sh t it	10. Bate daceased last worked at this occupation (month and year)	
NFADING I pplied. AGE erms, so that instructions of	7. c. 1 B 01- P	Other Contributory Causes of importanca:
DI	12. BIRTHPLACE (city or town) Office State or country)	Weller Selevous
UNFA] upplied, terms,	13. NAME Habrick Ward	Some of Demonto
	14. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — —	Name of operation
y air	(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
WIT efull in pl ant.	15. MAIDEN NAME Out Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Dueland	Accident, suicida, or homicida?Oate of injury19
be can EATH import	(State or country)	Where did Injury occur?
ADDA	17. INFORMANT Mr. See Hyland Son (Address) Washington 12:	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
on ISE N is	Stragare Committy Data Thuy 21, 19.36	Nature of Injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Charles IV. Coorbeling (Addrass)	24. Was disease or Injury in any way related to occupation of dacaasad? 220
B.	1571 2011	If so, spacify (Signad) Sallelle P. Alle year, o.
zi U	20, FILEO , 193 Registrar.	(Addrass) 3.3.20 A Stells stating
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIAN
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"alagin" 12/1136	

vi

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH jo should County Registration Dist. N Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred\_\_\_ How long in U.S. if of foreign birth?\_\_\_\_\_\_mos.\_\_\_\_ds. Statement If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CIL (Oay) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 19\_\_\_\_\_, to\_\_\_\_\_ M certificate. 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Years Months If LESS than to have occurred on the date stated above, at. Days 1 day, ----hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance SI or .... min. Oate of onset 8. Trade, profession, or particular PATION THIS. kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. back may Industry or business in which work was done, as SILK MILL, OCCU SAW MILL, BANK, etc ... on 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent In this that octupation \_\_\_\_ instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER See plain 14. BIRTHPLACE (city or town) Name of operation\_\_ (State or country) efully What test confirmed diagnosis?\_\_\_\_\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importan Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ ATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) DE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE should very OF 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of Injury CAUSE mation LION Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER Z Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis JUN 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

STATE (	OF MARYLAND—	CERTIFICATE OF DEATH 4903
1. PLACE OF DEATH		(4°E) X
County Baltimor	<u>L</u>	Registration Dist. No.
Village or City Bassas	/ t.s.	No. 327 E. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where	2 4	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ( harl	Per Wesley Go	ries
(a) Residence: No.327 8		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
male white	5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced  HUSBAND of  (er) WIFE of Marth a	a It Jones	22. 1 HEREBY CERTIFY That I attanded daceasad from 1935 to Nov 2 1936
6. DATE OF BIRTH (month, day, end year)	Oct 18 1877	I last saw h 122 alive on May 2, 19.26; death is sai
7. AGE Yaars Months	Days If LESS than	to hava occurred on the deta stated above, atm.
58 6	/2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, ato	les Tin Plate mil	& Wenie poisons
Andustry or business in which work was dona, as SILK MIKL SAW MILL, BANK, etc.	thelm Stoel 6	1 7 1 2 1
TO. Date daceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	acus momis
Gal	bot Co	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	md	Cavenina of live
13. NAME Thomas	Jones	1 A A
14. BIRTHPLACE (city or town)(Stata or country)	md	Name of operation Dete of Sel-19 What tast confirmed diagnosis? Operation Was there an eulopsy?
15. MAIDEN NAME Jarah	E Baker	23. If daath wes due to axternal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	md	Accident, suicida, or homicida?, 19, Where did injury occur?
17. INFORMANDING In arth (Address) 327 E	a W Jones	(Specify city or town, county and State) Spacify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 1	Manner of Injury
Plece Oak Lann Ce	ma Date May 3 , 1936	Nature of injury
19. UNDERTAKER John (Addiess)	Denny	24. Was disease or injury in any way related to occupation of dacaasad?
11/2 1/ th all	mal -: 15 m	(Signed) I // / / / / / / M M.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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R Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows: 5 1930	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		MAR	YLAND-	CERTIFICATE (	OF DEATH 4	904
1. PLACE OF DEA	TH	,		(94G)	X 2	\$
County 13 al	muo	111			Registration Dist. No	0
Village or City	owow	mu.	(If	death occurred in a hospital or instituti	on, give its NAME instead of street	Ward
Length of residence In o	ity or town where deeth	occurred	yrsmos	ds. How long in U.S. if of		
2. FULL NAME	Mary B.	roor	me for	ree If U. S. Veteran, s	specify WAR	
(a) Residence: No.	25091.	Dem	is ave	Stoward in	d.	
		(Usual place			If nonresident give city or town	
	DR OF RACE 5.		RIED, WIDOWED,	21. DATE OF DEATH	ERTIFICATE OF DEATH	
Gemale II			D (write the word)	ZI. DATE OF DEATH	Noy 16/2 (Months) (Day)	, 193 6 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	Elias Ja	mes	·	22. CHEREBY	CERTIFY, That I attend	10
6. DATE OF BIRTH (month, da	y, and year)	Z84	1847	1 last saw h. L. elive on 2	13, 10	6; death is sald
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the dete steted		
88	7	8	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATI were as follows:	H end related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done	es SPINNER,	use V	Vile.		Thomas	2
9. Industry or business i	n which			colonsny a	nombrees	100y7
work was done, es SAW MILL, BANK,	SILK MILL, etc				***************************************	7,86
10. Date deceesed last we this occupation (myear)	onth and	spe	ime (years) nt in this upation			
12. BIRTHPLACE (city or town	Barolins	BON	Ld,	Other Contributory Causes of impor	claritial Stemon	le me
(State or country)				Derhelity		193
13. NAME Chila	2 nicols	2		f		
14. BIRTHPLACE (city or t	own) Carol	me ils	0	Neme of operation	Date o	f
(State of country)	6 7	uld,	· · ·	What test confirmed diagnosis?	Wes there	an autopsy?
15. MAIOEN NAME	anog Gar	in of	iani	23. If deeth was due to external caus	ses (VIOLENCE) fill in also the follow	wing:
15. MAIOEN NAME  16. BIRTHPLACE (city or to (State or country)	own) Carol	id;	0		Date of Injury	, 19
(State of Country)	1 month	ORI	16/00-0	Where did injury occur?	(Specify city or town, county and	State)
17. INFORMANT (Address)	sork Rom	de Ta	wern	Specify whether injury occurred in	INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR	1.11	nd.	dan	Manner of injury		
PlaceOTTTO	7	Date MC	, 19	Neture of injury		
19. UNDERTAKER	Mush	10 00	no.	24. Was disease or injury in any wa	y related to occupation of deceased?	A
(Address) To	31 11/12	res Ill	7/1/	If so, specify	HO1360	
20 FILED May 16	100 111	wheel	Registrar.	(Signed) Daniel	han mi	M. D.
	1 John Mary		Acgistrar.	" (Лицісьь) У		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPAplnods

PHYSICIANS

PERMANENT RECO

certificate.

back may

See instructions on

is very important.

LION

20. FILED.

13. NAME

mation should be carefully

WRITE PLAI

CAUSE OF DEATH

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	00
1. PLACE OF DEATH		15	
County Baltimore		Registration Dist. No.	30
Village or City Spring Grov	e St. Hospital	NoSt.,Steath occurred in a hospital or institution, give its NAME instead of street and	
		sds. How long In U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Johanna Ju	ng	If U. S. Veteran, specify WAR	
(a) Residence: No. Ridge Roa	d. Fullerton, Md.	• St., Ward. resident 0.3	< -
,	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH May 5,	, 193_6 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Widowe	Unknown	22. I HEREBY CERTIFY, That lattende May 27	
6. DATE OF BIRTH (month, day, and year) NOV	. 26, 1855	I last saw h er alive on May 4 , 19 36	
7. AGE Years Months 80 years 5	Days If LESS then 1 day,hrs. ormin.	to heve occurred on the date stated above, et 8 20 a m. •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	ousework	cardiac failure erysipelas	Date of one at
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		senility	
1D. Date deceased last worked at this occupation (month and	11. Total time (years)		

Baltimore 12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER Charles Kaiser 14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER Christine Unverzagt 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Pennsylvania

(State or country) 17 INFORMANT Spring Grove St. Hosp. records

(Address) 18. BURIAL, CREMATION, OR REMOVAL

Loudon Park William Cook 19. UNDERTAKER

> (Address) 1217

Date May 6

occupation

If so, specify

Manner of injury

Name of operation ....

Where did injury occur?\_\_\_\_\_

Other Contributory Causes of importance:

What test confirmed diagnosis?\_\_\_\_\_ Wes there en autopsy?\_\_

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_19

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

23. If death was due to external causes (VIDLENCE) fill in elso the following:

(Specify city or town, county and State)

If more stanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example-I	Example-1		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/10/10/00/00	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis IRFALLY. S.	1921	Run over by street cor	1 week ogo
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 doys ogo
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance.	11 12 12 13
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4906
1. PLACE OF DEATH	93-0
County (That Usesant)	A Registration Dist No. 30
Village or City Katonsmille My	Nottelles tagellall St., Ward
Length of residence In city or town where deeth occurred yrs mos.	death occurred in a hospital or institution, five its NAME instead of street and number)
2. FULL NAMEDIMA SPENSING LANCES	elect It U. S. Veteran, specify WAR
X I O M : -+A	1 a Duth
(a) Residence: NO. 35 f Countries of appear 1	Dallicus II nonfesticity sive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed or divorced HUSBAND of Cory WIFE of	1 MEREBY CERTIFY, That I attended deceased from
Mill Common of the common of t	11 anch 30 1931, to May 3/ 1939
DATE OF BIRTH (month day and april 19 18 7	I lest saw harmalive on May 3-1-1, 1934; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or pertical of	werd as follows:
8. Trade, profession, or pertical wind of work done, as seven wind of work done, as seven with the classification of sawyer, BOOKKEEPER, etc.	Grown/Myscardia Galetinte
9. Industry or business in which work was done, as \$1.17 MHz.	
Dater deceased last worked at this occupation (month epd sport in this occupation)	Medition Melanchestra 2014. 1930
1/1) 00 - 6 1/1	Other Contributory Causes of importance:
2. BIRTHPLACE (city or hown) With the company (State or country)	
13. NAME NAMB IK wecelout	6,
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What lott confitting diognosis P. A. Lake A dies there an autoport
15. MAIDEN NAME AMBOUREM	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
Mangrest and tal Alcour	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place 1 de la	Nature of injury.
9. UNDERTAKER Leo & leook	24. Wes disease or Injury any way related to occupation of deceased
(Address) 1905 n. o att Back ave	If so, specify
0. FILED 0/3/ 195 - 10 Judica	(Signed) M. D.

If more blanks are weeded, Maress Space Registrar, 2411 N. Charles Street, Ballon

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Example 1 V E D	11	Example II		
The principal cause of death and related causes of importance were as follows: 2 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis PAU V. S.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of infor-

PHYSICIANS

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAIN

V. S. No. 1

4000

1. PLACE OF DEATH		93-0	
County Ballo	<b>.</b>	Registration Dist. No. 37	
Village or City Juthwill		No. St., death occurred in a hospital or institution, give its NAME instead of street and r	War
Length of residence in city or town where death of	ccurred 8 -yrs mos	ds. How long in U.S. If of foreign birth?yrsm	osd
2. FULL NAME John M	mas Rell	If U.S. Veteran enecify WAR.	**
(a) Residence: No. Yrum	Dung (Ive C Usual placepol/abode)	Mosalruw rd. Hage If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SI Male 2 hite	R DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)	, 193 <b>6</b> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary &	1.01	22. 1 HEREBY CERTIFY, That I atlended	deceased from
na	eccey	Hane 25 , 1936, to May 11	, 19.34
6. DATE OF BIRTH (month, day, end year)	up 96,1854	I last saw h alive on Muy 11 , 1936	_; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et 9-10 C.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8211	26 ormin.	were es follows:	Date of one
8. Trade, profession, or particular kind of work done, es SPINNER,		Chronic Myorandilis	
SAWYER, BOOKKEEPER, etc.		Secularly .	
work was done, as SILK MILL, SAW MILL, BANK, etc.	mer		
this occupation (month and	11. Total time (years) spent in this occupation		-
Rulla 1	.0	Other Contributory Causes of Importance:	104
12. BIRTHPLACE (city or town) (State or country)		arute Curdine Decompouration	May 6
13. NAME John & ple	lley		
1 100 17	Ch	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there en a	/
15. MAIDEN NAME Mary Jan	u. Mallone	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
LE DIDTUDI ACE (STA DE ACE)	Ito Co	Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)		Where did Injury occur?	
17. INFORMANT Stilburt.	Lefley	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
(Address) Catorarde 1.  18. BURIAL, CREMATION, OR REMOVAL	100	Manney of Jalum	
Place Dried Adae Da	10 May 14, 1936	Manner of injury	
0 E 8	Links	Nature of injury	V D
19. UNDERTAKER (Address)	mod	If so, specify	
20. FILED May 13 1/19 William	Chilcoat	(Signey) 19. Wellman	M
	Registrar.	(Addless) 600 13 allo 4 ~ 1 cm	

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes, Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis UN 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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pol	
No.	
02	
>	

1. PLACE OF	DEATH		- TO 4 17
Village or City_		/ /	Registration Dist. No.  No. St., Walls death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence:	12-1-0	Kensicki	ssds. How long in U.S. if of foreign birth?
PERSONAL	AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4.	color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced	sichi	22. SEE! HEREBY CERTIFY. That I attended deceased f
6. DATE OF BIRTH (mod 7. AGE Years	nth, day, and year) Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, BD SAWYER, BD SAWYER, BD SAWMILL, E SAWMILL, E SAWMILL, E SAWYER, BD	done, as SPINNER, DKKEEPER, etc	11. Total time (years) spent in this	Cerence Hementoge 1936
12. BIRTHPLACE (city or (State or country)	town-100	d.	Differ Contributory Canses of Importance:
13. NAME 14. BIRTHPLACE (ci (State or cou		ad:	Name of operation Date of What test confirmed diagnosis? Clunical Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (circ (State or cou	' ' ' ' / //	onk, nd:	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION	7	Repate May 13, 1934	Manner of injury
19. UNDERTAKER 12.	of Easter	Ozazewski	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

PHYSICIANS should state

of OCCUPA-

Exact statement

	CERTIFICATE OF DEATH 4909	
1. PLACE OF DEATH	(37)	
County Baltimore	Registration Dist. No.	
Village or City Lansdowne	No. Hollins Ferry Road st., Ward	
Length of residence in city or town where death occurrad	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foralgn blrth?yrsmosds.	
2. FULL NAME John Conrad Kessler		
(a) Residence: No. Hollins Ferry Road (Usualplace of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  Widowed  5a. If married, widowad, or divorced	21. DATE OF DEATH  May 12 1936  (Month) (Day) (Year)	
HUSBAND of Emma Kessler	22. I HEREBY CERTIFY, That I attended deceased from 1926, to News 12, 1934	j
6. DATE OF BIRTH (month, day, end year) March 4 1862 7. AGE Years Months Days I (LESS than 1 day,	to have occurred on the date steted above, at 4 P. Mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (crupetion	Chronic arthritis - deformans.  Presente hypertryly = types	٥.
12. BIRTHPLACE (city or town) Brooklyn (State or country) Ma.	Other Contributory Causes of importance:  Unuenues 3days	
14. BIRTHPLACE (city or town) Germany	-	
14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of	
œ	What tast confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town) Germany (Stete or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT George Kessler (Address) Lansdowne, Md.	(Specify city or town, county and State) Specify whethar injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Placa Cedar Hill Cemedata May 15 1936	Mannar of injury	
19. UNDERTAKER John F. Denning (Addryss) 7/3 Light St	24. Wes disaese or injury in eny wey raleted to occupation of deceasad?  If so, specify	
20. FILED May 13., 1936 Je Inflictor	(Signad) / Edin V. Leg Cer M. D. (Addrass) Juriese Un Blog - Buls	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related co	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IIIN 2 193	36 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V	. July 5, 1927	Peritonitis	3 days ago
	, programme and the first programme and the prog		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
			4		94

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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My W WELL

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Example I	il il	Example II	
The principal cause of death and related c of importance were as follows:	auses Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	v. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 4911
1. PLACE OF DEATH	930
County Baltimore	Registration Dist. No.
Village or City Datasas so lle	No Of to Kon & Co Wood
(If	death occurred in a temptral or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gargaret K. Kling	If U. S. Veteran, specify WAR
(a) Residence: No. 2503 H. Charles St Rollingore	— St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whote 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	A LUEBERY CERTIES THE LANGE OF
(or) WIFE of Henry J-Klug	22. I HEREBY CERTIFY. Thet I attended decessed from 1949, to 1942 3 19 36
6. DATE OF BIRTH (month, day, and yeer) Seht 7 1851	I last sew hlef alive on May 22 , 19 36; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, at 2m.
82/ 8 / 6   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Date of Orient
SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	artino & leysis many
10. Date deceased last worked et 11. Totel time (years)	Charge onyocarditish Duration : undefinite
this occupation (month and spent in this occupation ————————————————————————————————————	Was past eighty & gradually word out Person
Balting	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Charles (State or country)	Cardiac driempensation Wes 26
13. NAME John Diana	(mula dili) last
Ξ (/	
[State or country] [State or country]	Whet test confirmed diagnosis? Churcal when the stere an autopsy?
H O	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)  Sermany	Where did injury occur?
Q1 Q 240 01	(Specify city or town, county and State)
17. INFORMANT X arry W. M. Leller (Address) 407/ Edmondson ave	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place New Cathedral lim Date May 26, 1936	Nature of injury
Int. Of Some	24. Wes disease of injury in any way releted to occupation of deceased?
19. UNDERTAKER 7.5 Least SA	If so, specify
5-9 24911	(Signed WYY) MESULU, M.D.
20. FILED. 19 Registrar.	(Address) 12 430 of aryland Are

If more blanks are noched, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I F D	Example II		97/11
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IIIN 2 1990	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	~	1
BINDING	PERMANENT	EXACTLY
FOR	V SI	stated
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT R	fully supplied. AGE should be stated EXACTL-K-

irem of infor-

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 Ä

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 4912
1. PLACE OF DEATH	83:0 X 1/D
/ County Ballemore	Registration Dist. No. 40
Village or City Motels Pliff	No. St., Ward
Length of residence in city or town where death occurredyrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsmosds.
	eeht.
(a) Residence: No. Vi Pla Maria	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fereale 4. COLOR OR RACE OR DIVORCED (write the word) Sur gle	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from  Nav. 2. 19.35, to May 7. 19.35
6. DATE OF BIRTH (month, day, and year) Abril 23-1861	1 last saw h_LL alive on May b_1936, 1936; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.20 A.m.
75   14   1 day,h	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Zieda, profession, or particular kind of work dona, as SPINNER, SAWYER ROOKKEPPER etc. Teacher	April20/3
SAWYER, BOOKKEEPER, etc.	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceasad last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Axterial Selenosis
(State or country)	_
13. NAME George Knight  14. BIRTHPLACE (city or town) Gersulaussy	A.A. A
[ 14. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elis aboth Schueler	23, if death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Elizabeth Schueler  16. BIRTHPLACE (city or town) Lessurany	Accident, suicida, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT St. Mary Class Notes Cliff.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Notch Cliff Oate May 9th, 19736	Nature of injury
19. UNOERTAKER GOORS M. Pink & Son (Address) 811 N. Wolfe	24. Was disease or injury in any way related to occupation of deceased?
20. The 36 Milles My Amman Registrar.	(Signed) MULTIPUL M. D.  (Address) Townsan
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 12110 411 1 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
NUS 5 1930		
Other contributory causes of importance: 5.	Other contributory causes of importance:	
Gallstones RUREAU May 1,1923	Gastroenteritis	1 year

mation should be

-WRITE PLA

V. S. No. 1

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4913
1. PLACE OF DEATH	<u> </u>
County Ballinne	Registration Dist. No. 3.7
Village or City	No. Balta Co. alms Force St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	5ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Larson	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 24 , 1936 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WiFE of	22. MIHEREBY CERTIFY, That I ettended deceased from 9, 1936, to May 23, 1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	i last saw h alive on May 21, 1934; death is said to have occurred on the date steted above, at 6.5 m.
alux 59 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Frade, profession, or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Wichmitin
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	o- 1
10. Date decessed last worked et this occupation (month and year)  11. Total time (years)  spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importence:
13. NAME	
Flat Dipyripunas ( )	14.2440

FA (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in elso the following:

(State or country) 17. INFORMANT (Address)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

Where did injury occur? (Specify city or town, county and State) Menner of injury Nature of Injury

if so, specify (Signed)

Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V/S/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.00000	Example II	Zampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
A Company of the Comp	19		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4914
1. PLACE OF DEATH	
2014	2 27
County Children County	Registration Dist. No.
Village or City Off Muller / Mg	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME All sale Lephon	TOU. S. Veteran, specify WAR
(a) Residence: No. 620 A Lucipo Ad Usual place of abode)	L.St., Ballousell My 0001
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OK DIFORCEDA write the word)	21. DATE OF DEATH 2 2 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary M Donald	1 HEREBY CERTIFY, That I attended deceased from 1936, tolling 2 2 , 1936
6. DATE OF BIRTH (month, day, and year) 8-21-76	I lest saw here alive on May 2 2 19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above at
59 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance, were a stollows:
Rind of work Good, or particular kind of work Good, or Spyringer. Cultility Collicions	Willial Jeneschage 5-22-36
Industry or business in which	Grelinal Hemarrhage C
work was done, es SILK MILLESLEEN UNION	William hair Devolusil 8-6-103
Date deceased last worked at this occupation munth and year) 11. Total time (years) 30 occupation occupation	or the state of th
12. BIRTHPLACE (city or town) Latturisme Mod	Dther Coutributory Causes of Importance:
13. NAME ITU NEPRU	
	Name of operation MOTALA (Date of
14. BIRTHPLACE (city or town) (State) country)	
15. MAIDEN WARDEN LETTE Parmberger	What test confirmed diagnosis for the confirmed diagnosis for the confirmed diagnosis.
	23. If deeth was due to external causes (VIOL ENCE) fill in also the Iollowing:
State or gountry)	Accident, suicide, or homicide?Oete ol injury,19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address Matt, Hospital, Hocardo	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager 1-1
Place Balto Cem Date 5-25 793/	Manner of injury
1 1 A Since	Neture of Injury.
19. UNDERTAKER GOVE AGENCY (Address) ( 3000 E - Agency )	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED 5/3 3 193 All Registrar.	(Signed Silas & & Delliner, M.D.  (Address) Homes From Kash Catanovelle
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
necuca, aduges State Registrat,	1411 14. Chanco Street, Dainmore, Requesting U. S. IVO. 1.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nethrity	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	· upda	Example II	= = 41
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Anerioscierosis	1915	Attack of epilepsy	1 week ago
Cerebral hemorphical	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURSAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. V. S. No. 1 N. B.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	4
DEATH			

1. PLACE OF DEATH	93.0
County Baltimore	Registration Dist. No.
Village or City Catronelle Ind	No. St. Store St., Ward
Length of residence in city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna M. Long	If U. S. Veteran, specify WAR.
(a) Residence: No. /6/2 6 Duddle St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale Witte Wille the word)	Mag (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
E DATE OF BIRTH (month day and year) Aune 19, 1860	Dec/ 20 ,1935, to May 20 ,1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw here elive on Proxy 30, 19,36; death is seid to have occurred on the date steted above, at 1/5° P. m.
I day hre	The PRINCIPAL CAUSE OF DEATH end related causes of importance
75 ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Nausework SAWYER, BDDKKEPPR, etc.	denenuges of menogeterous
Industry or husiness in which	2 golding grune
work was done, as SILK MILL, SAW MILL, BANK, etc	at the the
11. Total time (years) 1. Total time (years) 1. Total time (years) 1.	Autorion & Unable to state
year)	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Baltimore, md.	Dillet Continuatory Causes of Importance.
(Stete or country)	Condiage failures.
13. NAME Christian Vilkening	
13. NAME Christian Vilkening  14. BIRTHPLACE (city or town) - Sermany	Name of operation Alove Date of
L (State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Catherine Graser	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Strasser  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
Stete or comiry)	Where did injury occur?
17. INFORMANT SARAM HARM AS AND TO PROMISE T	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	•••••••••••••••••
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place 7 - 1 Date 5/23 , 1936	Neture of injury
19. UNDERTAKER Wom Cook	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) 1217 St. Rand D. Anthrico Ind	If so, specify Ap
20. FILED 5/21 1936 A 6 Geogrese	(Signed) Sesteet & Barm, M. D.
Registrar.	(Address) Spring Grove Gorgalat
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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in a mail	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

M

STATE OF	F MARYLAND—	CERTIFICATE OF DEATH	7
County Balto		Pacietystian Disk No. 34	u
14	P	Registration Dist. No.	142.
Village or City/Lenner		No. Oach Twen Nech A., of death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where dea	oth occurred	sds. How long in U.S. if of foreign birth?yrsmo	osds
2. FULL NAME Carrie	E. Lowe	<u> </u>	
(a) Residence: No. 13 acks	(Usual place of abode)	St., Ward.  If nonresident give city or town and	C
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	Diate
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Filmule White	OR DIVORCED (write the word)	(Month) (Day)	, 193 6
5a. If married, widowed, or divorced HUSBAND of	1		(Year)
(or) WIFE of July E	Torre	22. I HEREBY CERTIFY, That I attended	deceased fro
Con Control of the Co	enal 23 1854	I last sew here alive on May 11, 1936	; deeth is sa
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 7 - 2 m.	., 00011115 38
82 1	/ 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:	
8. Trade, profession, or particular		TOTAL BS TOTIONS.	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER + CASAWYER, BOOKKEEPER, etc.	useworkat	M. M. H.	
work was done, as SILK MILL,	. 0	aroul //yolardiks	1935
10. Date daceased last worked at	11. Total tima (years)		
this occupation (month and year)	spent in this occupation	=	
12. BIRTHPLACE (city or town) Balta	mac	Other Contributory Causes of importance:	
(Stata or country)	md		-
13. NAME John BI	ruff		
14. BIRTHPLACE (city or town)	2	Name of operation Date of	
(State of Country)	11100	What tast confirmed diagnosis flun Jude y Wes there an a	utopsy200
15. MAIDEN NAME LONT / L	nav	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME DON'T I I I I I I I I I I I I I I I I I I I	120.00	Accident, suicide, or homicide? Date of injury	, 19
M. FOR MI	, unau-	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT / Cold 411	enere	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATION, QR REMOVAD	neen na	Menner of Injury	
Place Dried Indge	Date May 14, 19 36	- Nature of Injury	
19. UNDERTAKER John F. Der	mil	24. Was disease or injury In any way related to occupation of dacaased?	ces
(Address) 7/5 Lig	pt St	If so, specify	
20, FILED May 11 , 19 36 John	& Connelly	(Signed)	M. 1
and the same of th	Registrar.		1100 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	M. 333 b.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

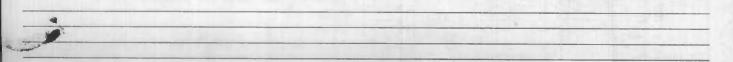
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Example I		Example II	
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Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory cause of amportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH  County Sacto	4.5
	Registration Dist. No.
Village or City Edgemen	NoSt., dlv dlv St., fdeath occurred in a horpital or institution, give its NAME instead of street and number)
/ / / /	sds. How long in U. Sci of foreign birth?yrsmos
2	
2. FULL NAME Junes Steward Maca	malthis, Veteran specify WAR.
(a) Residence: No. / May all Mount (A)	St., Ward.  Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DOBCED (write the word)	may 16 193 1
	(Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY_That I attended deceased
(or) WIFE OI ara Macdonald	May 1 1935 to May 16 19
6. DATE OF BIRTH (month, day, and year) Sec 16 - 188/	I last saw h fin alive on may 13 1,1936; death
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 2m.
5 1 1 day,hrs.	1 to I KINCH AL CAOSE OF DEATH and lengted caoses of importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sell Morker	Caramona of realism 2.
9 Industry or business in which	7
work was done, as SILK MILL, Betstehm steel het	4
10. Date deceased last worked at this occupation (month and / 4 spent in this / 2	
year) occupation occupation	
12. BIRTHPLACE (city or town) Slaces	Other Coutributory Causes of Importance:
(State or country)	
13. NAME alfred Macdonald	
I Company	I al relonge me
14. BIRTHPLACE (cfty or town)  (State or country)	Neme of operation Date of
m	What test confirmed diagnotisting - Fally - Was there en eutopsy?
#	23. II death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) weden	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT Man Sara Mac donald.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place d'arraine Vack Date May 19 1936	Manner of injury
0.0	Nature of injury.
19. UNDERTAKER Jahre Cellrich	24. Was disease or injury in eny way related to occupation of deceased?
(Addiess) 2008 Person	If so, specify 4 Ca 1534
	(Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritic	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
O CHO de			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH \$373()				
1. PLACE OF DEATH	To the think the same of the s				
County Caltinan	Registration Dist. No.				
Village or City & hancus form	No. /3/1 Beled wood Boad Ward				
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)				
Length of residence in city or town whera death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.				
2. FULL NAME Vell bomfortus of M	ACY OHO. S. Reieray specify WAR.				
(a) Residence: No. 13 /1 Fortest R	St., Ward.				
(Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 10 1936				
The state of the s	(Month) (Day) (Yaar)				
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from				
(or) WIFE of	- 19 to 19				
6. DATE OF BIRTH (month, day, and year) Nagy 10 36	I last saw h alive on, 19; death is said				
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.				
1 day,hrs.	The Fallows of Death and taken causes of importance				
& Trade profession or particular	Date of one et				
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	. atilition fortue				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL,	(6 Weens)				
SATI WILL, DANN, etc.	-				
O this occupation (month and year)  year)					
// Jean de	Other Coutributory Causes of importance:				
12. BIRTHPLACE (city or town)					
	- Viemain my				
13. NAME Clong VV. Macrobil  14. BIRTHPLACE (city of town Daklans)					
14. BIRTHPLACE (city or town) Marchans (Stata or country)  M. d.	Name of operation				
- (class of country)	What test confirmed dlagnosis? Was there an autopsy?				
15. MAIDEN NAME & Ruth DeWill  16. BIRTHPLACE (city or town) Flaarmann	23. If death was due to external causes (VIOLENCE) fill in also the following:				
O 16. BIRTHPLACE (city or town) Flavous and (State or country)	Accident, suicide, or homicide? Date of injury, 19				
N A + N	Whera did Injury occur? (Specify city or town, county and State)				
17. INFORMANT USUAL Wacyard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
(Address) Daneus Pour  18. BURIAL, CREMATION OR REMOVAL	N				
Pladent to John Bate Hopking	Manner of injury				
C + C	Nature of injury				
19. UNDERTAKEN at om - Laf. (Address)	24. Was disease or injury in any way related to occupation of decaased?				
Me with I Million	If so, specify (Signer)				
20. FILED May 14, 19.36 2. (All March 2) Registrar.	(Signed) (Address) Doanne Carut				
Registrar.	(Mulless)				

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Ex	ample I	VE	Oll	Example II			
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Chronic interstitial nephritis	BURFALL	VS	1921	Run over by street car	1 week ago		
Cerebral hemorrhage				7 Peritonitis	3 days ago		
Other contributory causes	of importance:			Other contributory causes of importance:			
Gallstones			May 1,192	3 Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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1. 6	LACE OT			OF N	IAR	YLAND—	CERTIF	FICATE — (3)	OF D	EATH	1 2	321
-/-	County	alto.	Co.						Regist	ration Dist.	No. 4	
	Village or C	ity St	Hel	ena		45	No. death occurred in	210 St	Hele	NAME inst	St.,	ward number)
	ULL NAI					yrsmos						nosos.
						Α.		S. Veteran spe	ecity WAR			
	(a) Residen	ce: No	210		elen		St.,	ward.	If none	esident give	city or town an	d State
	PERSON	AL AND	STATIS	TICAL	PARTI	CULARS	•	MEDICAL	CERTIF	CATE OF	DEATH	
3. SEX	ale	4. color	or RACE	5. SINC	LE, MARI DIVORCED ATTE	RIED, WIDOWED,  (write the word)	21. DATE	OF DEATH	May (Month)	23	(Day)	, 193 (Year)
5a. If m HU (o	Jarried, widow JSBAND of r) WIFE of	Anna	ed Mahor	ney			22. apri	HEREE			That I attended	1
6. DAT	E OF BIRTH (	month, day, a	and year)	Marc	h Q.	1860	I last saw h_£	alive on.	Mo	, 234	1936	a_; death is said
7. AGE	Yea 5	rs	Months 2		Days 14	If LESS than I day,hrs. ormin.		ed on the date st	The second second second		m.P.M.	
	Trade, profes kind of w SAWYER,	ssion, or part	icular SPINNER	bore	r	1 01	Cara	dio V	Open Com	lard	Renol	Date of onset
Add ,	Lodustry or work was	business in v done, as SII L. BANK, etc	which LK MILL,	t. B	alto	P <sup>C</sup> ity Pa	rk	1220-0	7700			
	this occup		ed at		11. Total ti	me (years) It in this pation						
I2. BfR	THPLACE (cli		Vire	inia			Other Contrib	ntory Causes of it	mportance:			
H 13.	NAME	Uni	known									
HATA 14.	BIRTHPLACE (State or	(city or tow		Irel	and		Name of operation Date of What test confirmed diagnosis? Pro & Add & & & Was there an auto					
	MAIDEN NA	ME (	Jnknov	m				s due to external			ordinarios and	
H 16	BIRTHPLACE	(city or tow	n)	Ir	e-l-a-n	đ	Where did ini	ide, or homicide?				
17. INF	ORMANT	nna l 210	Mahorr	ney Hele	na A	ve.	Specify wheth	er Injury occurre	(Specify d in INDUSTR	y city or town Y, In HOME,	or in PUBLIC F	ate) PLACE.
18. BUI	Plece	ION, OR RED		Date	May	27 ,1936		ury				
f9. UN	DERTAKE (Address)	iff	13	3	20	leve	24. Was diseas	e or injury in an	y way related t	to occupation	of deceased?	no-
20 FII	ED 5/	26/20	, (	12	nloc	runer	(Signed)	lan		en	lut	

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Cerebral hemorrhage JUN 5 1936	July 5,1927	Peritonitis	3 days ago			
BUREAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gollstones	May 1,1923	Gastroenteritis	1 year			

RECOND. Every item of infor-PHYSICIANS should state. Exact statement of OCCUPA.

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

B.—WRITE PLA

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH				
	County Ballo	Registration Dist. No. 3a			
	Village or City Calonnelle	No. Ofit Home St., Ward			
	(If	death occurred in a hopital or institution, give its NAME instead of street and number)			
1		now long in 0.5.11 of foreign pirth?yrsmos			
/	2. FULL NAME John W marrier	wer Spourt anecen			
	(a) Residence: No. V 11 & Carey St.	St., Ward. 0000			
	(Usus/place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
	OR DIVORCED (write the word)	may 8- ,193 L			
	5a. If married, widowed, or divorced	(Month (Oay) (Year)			
	HUSBAND of Cornels Turning	22. I HEREBY CERTIFY, That I attended deceased from			
	1 Sister Manages	afect 36, 1936, to lua, 8, 1936			
ite.	6. DATE OF BIRTH (month, day, and year) 12-1845	I last sawhalive on			
certificate	7. AGE Years Months Ofys if LESS than 1 day,	to have occurred on the date stated above, at O			
ert	90 TI 0 0rmin.	were as follows:			
of c	8. Trade, profession, or particular kind of work done, as SPINNER,	Property All And All All			
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SINDUSTRY OF DUSINESS in which Work was done as SILK MILL	humany 10 14			
back	SAW MILL BANK ato	Jungtion i Mit house a de gri			
ou	10. Date deceased last worked at this occupation (month end spant in this				
	year) occupation	Other Contributory Causes of importance:			
ctio	12. BIRTHPLACE (city or town)	Certerio Schroses Ulle			
instructions	(State or country)	Disaction: Unknown. Potient, aged nearly,			
	13. NAME mathew mannie	91 gears.			
See	14. BIRTHPLACE (city or town)	Name of operation			
	(State of country)	What test confirmed diagnosis? Clusical Was there an au'opsy?			
important	T 15. MAIDEN NAME Manager Manager	23. If death wes due to external causes (VtOLENCE) fill in also the following:			
ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19			
imp	A 1 11 D	Where did injury occur? (Specify city or town, county and State)			
	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
100	Place National Cu Date J-11 1936	Nature of injury			
TION	Roll Brooks to la	24. Was disease or injury In any way related to occupation of deceased?			
I	19. UNOERTAKER  (Address)  Calkay a Holly	If so, specify			
1	700 0 21 7 0 0 00 1 1	(Signed) Marshall Blurst A M.O.			
T	20, FILEO May 8, 1936 Marshalls B Wash	(Address) Catourulle Wed			
. '		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory of s of importants:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

20. FILED May 3, 19

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
em of	plnods	L OCC	
ery it	INS	ent of	
D. Ev	SICI	statem	
RECO	PH	xact	
ENT	TLY.	ed. F	
RMAN	XAC	classifi	
A PE	ted E	perly	ificate.
SI SI	e sta	e pro	f cert
T.H	ould h	may b	back c
G INK	GE sh	hat it	uo su
ADIN	A .be	s, so t	ruction
UNE	supplie	n term	ee inst
WITH	fully	in plain	int. S
NEX,	e car	ATH	mporta
PLAI	pluor	OF DE	very in
RITE	tion sl	USE	AION is very important. See instructions on back of certificate.
B.—W	ma	CA	TI
ż	,	-	-

	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 4923			
1. PLACE OF		·	MOSS X 2 (-			
County	(Suet is		Registration Dist. No. 23			
Village or C		(1)	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAI	dence in city or town where  ME Care	Eet on Muses	S. 9 How long in U.S. if of foreign birth? yrs. mos. ds.			
(a) Residen	ce: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
male 3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (runite the word)	21. DATE OF DEATH  704  (Month)  (Day)  (Yaar)			
a. If married, widow HUSBAND of (or) WIFE of	red, or divorced	0	22.   HEREBY CERTIFY, That I attended deceased from the state of the s			
8. Trade, profeskind of w SAWYER, 9. Industry or work was SAW MIL 1D. Date decease this occu	ssion, or particular work dona, as SPINNER, BDOKKEEPER, etc business in which s done, as SILK MILL, L, BANK, etc pation (month and	Days If LESS than I day, 9 hrs. or min.	I last saw harmy alive on Many 2, 193; death is said to have occurred on the date stated above, at 5 a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset  Data of onset			
yaar) 12. BIRTHPLACE (cit (State or cour	ty or town) Buet	policy, P.O.	Other Coutributory Causes of importance:  Bruch January alirm			
13. NAME 14. BIRTHPLACE (State or	(city or town) Pu	Atm	Name of operation Data of What test confirmed diagnosis?			
16. BIRTHPLACE	MEMeryard  (city or town)  country)  But	Graling Michaels mysters P.O.				
17. INFORMANT (Address)	Hung Mile	ed. P. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMAT	Peters	Date May 4 , 1926	Manner of injury			
10 IINDEDTAKED	Edw &	likton,	24. Was disease or injury in any way related to occupation of deceased?			

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

If so, specify

(Signed) Maur

(Address) Nampotene

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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MAR	
I	
I	

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	492
		400

1. PLACE OF DEATH.	92:00
County Baltimore	Registration Dist. No.
Village or City Reinterstown	Nov3 40 main St. Ward
(If Length of residence in city or town where deeth occurred / 5 vrs	death occurred in a hospital or institution, give its NAME instead of street and number)
$C_1 : \mathcal{A}_1 : \mathcal{A}_1$	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Com trances me lay	If U. S. Veteran, specify WAR
(a) Residence: No. 340 Main St	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 23 1936
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF Sarah Kate me Con	1 HEREBY GERTIFY, That I attended deceased from
sarah Mare McCoy	1 100 July 23, 1936
6. DATE OF BIRTH (month, dey, and yeer) suly 2 2 /85-4	I last sew h. J.M. alive on 1936, death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
82 /0 / ormin.	were es follows:
kind of work done, es SPINNER, SAWYER, BODKKEPER, etc June	The state of the s
9. Industry or business in which	- Myrearouse 6/1/
work was done, es SILK MILL, Va. K. SAW MILL, BANK, etc.	Al commerciations 1/35
10. Date deceased last worked at this occupation (month end spent in this	No.
this occupation (mann end 1911 / spent in this occupation 3.3	Dther Contributory Courses of importence:
12. BIRTHPLACE (city or town) Saltmore	mira muliciny
(State or country) Med.	
14. BIRTHPLACE (city or town) Eastern Dhys 7,	/
14. BIRTHPLACE (city or town) Castern Dlyng	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Mary Switte  16. BIRTHPLACE (city or town) Balloning	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Saltonion (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mary & warmack	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Indian.
Place Fredom Park Date May & 6, 1936	Nature of Injury
Ot (R. L.S.	
19. UNDERTAKER COMMENTAL COMMENTS	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 2rd 1936 DRutus	(Signed) May MO
20. FILED Registrar.	(Address) Ruetus form Mid
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory dauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

(a) Residence: No.  (Chairple's of books)  St., Ward.  If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR BYOGEED Course by word)  5s. If married, wildowed, or divorced HUSSAND down, or divorced	STATE	OF MARYLAND-	CERTIFICATE OF DEATH 4925
Village or City  Langth of residence in city or town where death occurred . D. yrs	1. PLACE OF DEATH		(R) X
Langth of residence in city or town where death occurred. 60. yrs	County Osall	mul	Registration Dist. No. 27
Langth of residence in city or town where death occurred 1.6 yrs	Village or City Jey	35	
(a) Residence: No.  Cutable of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  WASHINGTON OF CONTROL OF DEATH  S. If Married, widowed, or divorced HUSAND of Catherine  Months  Oays  It LESS than Iday,	7.	/ 13	
3. SEX  4. COLOR OR RACE OR DIVOGED ("amire the word) OR DIVOGENTAL TO THE		Jux as Mo	
55. If married, widowed, or divorced HUSBAND of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Catherine Mr. Slevel Scale of Coty by the of Catherine Mr. Slevel Scale of Catherine Mr. Slev	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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7. AGE Yaars Months Oays If LESS than I day,	HUSBANO of	mª Slevitt	0.4
Trade, profession, or particular his operation of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  3. Industry or business in which work was done, as SIK MILL, STAME III. Total time (years)  3. Industry or business in which work was done, as SIK MILL, STAME III. Total time (years)  3. Industry or business in which work was done, as SIK MILL, STAME III. Total time (years)  3. Industry or business in which work was done, as SIK MILL, STAME III. Total time (years)  4. BIRTHPLACE (city or town)  (State or country)  5. Place III is so the following:  6. Specify city or town)  (State or country)  6. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  18. BURIAL, CRYMITION, OR REMBYAL  Place  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of decased?  24. Was disease or injury in any way related to occupation of decased?	6. DATE OF BIRTH (month, day, and year)	unknow 1861	May 72 21
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, STORE PLANT (Pasts)  10. Oate decasaed last worked at this occupation month and year) and the occupation work was done, as SILK MILL, STORE PLANT (Pasts)  11. Total ym (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREATION, OR REMBYAL  Plant  Plan			
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(Address) I/A V V V/A V/A V/A V/A V/A V/A V/A V/A V	19. UNDERTAKER CAR Resident (Address)	Hora Wall	U V
20. FILED May 24, 1936 William J. Chil Cout (Signed) (Signed) (Address) Crelings William (Address)	2 - 2 - 1/2	Elisa J. Chilcon	(Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11.5	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emlepsy	1 week ago
Chronic interstitial nephritis 1111 / 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING FOR MARGIN RESERVED

OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH pluods Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. statement PHYSICIAN If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact RECO PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (perite the word) PERMANENT classified. (Year) 5e. If married, widowad, or divorced HUSBAND of 22. CERTIFY That I ettanded deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars Days If LESS than to heve occurred on the date stated above, at\_\_\_\_\_ ---hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importence min. ware as follows Date of onset 8. Trada, profession, or particuler THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... pe 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc...... back plnods may UNFADING INK 11. Total time (yaars) 10. Date dacaased last worked at this occupation (month and spent In this so that instructions occupation. 12. BIRTHPLACE (city of town) supplied. (Stata or country) in plain terms, FATHER 13. NAME See Name of operation (State or country) carefully Whet test confirmed diagnosis?... Was thera an autopsy?\_\_\_\_\_ MOTHER 15. MAIDEN NAME important. 23. If daath was dua to external causes (VIOLENCE) fill in also the following: CAUSE OF DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods very 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE TION Neture of Injury. 24. Was disease or injury in any way related to occupation of dacaased? 19. UNDERTAKT (Addlass) If so, specify m (Signed) 20. FILEDZ Reviserar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1111 6 1026	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Approved by U. S. Census and American Public Health Association.)

eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," ètc., without more precise specification as Day Never return "Labover," "Foreman," "Manager,": "Deal-Spinner, (b) Cotton milt; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various parsuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (re state occupation at legionics of illness. If retired from origiven up on account of the disease causing Death. gaged in Comestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolica engineer, tion applie to each and every person, irrespective of tired 6 nrs.). House maid, otc. to report specifically the occupations of persons enwork. or At Home, (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of ob-For many occupations a single word or For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material term on

Statement of Cause of Death—Name, first, the bis-EASE CAULT'S DEATH (the primary affection with respect to time and constation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pueumonia,"

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head of "contributory.". (Recommendations on statequenees (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely "PUERPERAL septiouconia" "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as cau be ascertained as the cause. Always qualify all rhage," "Inamition." "Marasmus," "Old Age," "Shock," vulsions." Debility: ("Cougenital," "Senile," etc.).
"Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary). 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial acplifitis, etc. The contributory train—accident: Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway (secondary of intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomeliclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic acid-probably suicide. FOR VIOLENT DEATHS Example: Measles (disease state MEANS OF INJURY "Anaemia" (merely

tions, answered in de all, it will prevent further corresponding encountries the data is essential and must be obtained before the corresponding to the c

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	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH 492	28
1. PLACE OF I	A.A.	<u> </u>	<u></u>		
County 1, 2	ellimone	60um	ty.	Registration Dist. No.	1
Village or City_	Doudas	12 40	l' -	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence	in city or town where	death occurred		ds. How long in U.S. If of foreign birth?m	
2. FULL NAME	Inta	nt m	etalla		
(a) Residence:	40 264 Ba	llimon !	Que	St., Ward.	
(u) Nesidence.	10.23	(Usual place	of abode)	If nonresident give eity or town and	State
	AND STATIS			MEDICAL CERTIFICATE OF DEATH	
MALE 4.	COLOR OR RACE		tried, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5e. If married, widowed, of	r divorced			22 LUEDERY CERTIES That lattered of	deceased from
(or) WiFE of				22. I HEREBY CERTIFY, That I attended	19 3 6
6. DATE OF BIRTH (mor	th day and wast)	1 7 . 19	36	I last saw h alice out Il tom 19	.; death is said
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date steted above, atm.	
			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trede, profession	, or particular	~			Date of onset
8. Trede, profession kind of work SAWYER, BO 9. Industry or busing work was do				1411-1-1	-
	e, as SILK MILL,	e		Shellon	-
10. Date deceesed la	ANK, etcst worked at	11. Total (	time (years) ent in this		
this occupation year)	n (month and	spa occ	ent in this upation		-
12. BIRTHPLACE (city or	Janet Dand	orl 12		Other Coutributory Causes of importance:	
(State or country)	town/	M	d.		
13. NAME Nice	LA META	LLO			
14. BIRTHPLACE (cit	y or town)			Neme of operation Date of	
(State or cou		Ila	ly	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME	MARIA URI	STINA D	ARGENZIO	23. If death was due to externel causes (ViOL ENCE) fill in also the followin	g:
16. BIRTHPLACE (cit	or town)		) <u> </u>	Accident, suicide, or homicide? Date of injury	, 19
(State of Cot	4.8	- Cu	sey	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT _ NIC	OLA META			Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Address) 26 18. BURIAL, CREMATION	4 Ballin	Course day		M	
Place If: S	tanislan	Date Ile or	18 19 3 k	Manner of injury	
, 0,	10 A	- 000 n	1000	24. Wes disease or injury in any way related to occupation of deceesed?	10
19. UNDERTAKER (Address)	52 N. MA	rley St.	(occ	If so, specify	V. M
F/1	(7)	malla		(Signed) Wifferen	M. D
20. FILED ( 7/-)	6, 19	rugo	relation	(Address) Danda IA Dr	d
1	If mor	re blanks are needed,	address State Registrar	MAIX N. Charles Street, Baltimore, Requesting V. S. No. x.	

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Example I		Example II	
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Chronic interstitial nephritis JUN 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact Statement of OCCUPA-

STA	TE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	49	) 6	1
0171	1 1	OI.	MITTICIE	OEM TOME	01	DEMI	4.0	50	d

1. PLACE OF DEATH			93°C ×	26
County Bal timore	, Md.		Regi	istration Dist. No. 38
Village Dr City	where death occurred		ND. 7862 Gask deeth occurred in a hospital or institution, give	ave . St., Ward its NAME instead of street and number) birth? yrs. mos. ds.
2. FULL NAME John (a) Residence: Np. 7802			e, saMd. Ward.	
(a) hesidence. Hb.	(Usual place			onresident give city or town and State
PERSONAL AND STA	TISTICAL PART	ICULARS	MEDICAL CERTIF	TICATE OF DEATH
3. SEX 4. COLOR OR RA		RRIED, WIDOWED, ED (write the word) 18 Q	21. DATE OF DEATH 5	)/11/36 (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M	. Montgome	ry .	22. I HEREBY CE	RTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mor 7.1	-	1865 If LESS then 1 day,hrs. ormin.		11 , 1936; death is said
sind of work done, as SPINN SAWYER, BDOKKEEPER, etc Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc	Retire	time (years) ent in this cupation	Other Contributory Couses of Importance:  OR Across of	ocarditio 1934
(Stata or country)  Lack Indian India	. Montgome	rv		J
14. BIRTHPLACE (city or town) (State or country)	Baltimore,		Name of operation	Date of
15. MAIDEN NAME Cathe.	rine Coe		23. If death was due to external causes (VIO	LENCE) fill in also the following:
15. MAIDEN NAME Cathe  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT WW. W	altimore,	Ma.	Where did injury occur?	Date of injury, 19, 19, 19
18. BURIAL, CREMATION, OR REMOVAL Place Mar e 2 and P	9	/14 <sub>,19.</sub> 36	Manner of injury	
19. UNDERTAKER Lessa (Address) 105 11	anfad .	4	24. Wes disease or injury In any way related	13 - 4
20. FILED 3 /11 , 19. 3. G	. U.M.L	Sacon Registrar.	(Signed) G: M. O. (Address) Parks	ville, Hld.

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nd related causes	Date of onset
	1 week ago
	3 days ago
portance:	
	1 year
	portance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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- Lovan

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. 110N is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH 49	STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH	4931
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1. PLACE OF DEATH		(159)	
County Baltmore	teaus ty	Registration Dist. No. 142	
Village or City Mulettyn F	<u> </u>	No. All Molling St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death o		ds. How long In U.S. if of foreign blrth?yrsmo	
2. FULL NAME Dally	Day MA	If U. S. Veteran, specify WAR	
(a) Residence: No.	Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white of	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	0	22.   I HEREBY CERTIFY, That I ettended of	daceased from
6. DATE OF BIRTH (month, day, end yeer)	1.7.19.36	I last saw h May elive on Aldry 2 19 6	: deeth is seid
7. AGE Yaars Months	Days   If LESS than	to have occurred on the date stated abova, at 7. 404 m.	, deeth is seid
	1 day O-hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:	
8. Trade, profession, or particular	1 01-142 - min.	wera as rollows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Who campage	************
9. Industry or business in which work was dona, as SILK MILL,		D. At	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	5 MV LOUIS	
this occupation (month and year)	spent In this	Carre madelementality	~~~~~~~
12. BIRTHPLACE (city or town)	mpe	Other Contributory Causes of importance:	
II 13. NAME VI CALL VO	Myore		
13. NAME 14. BIRTHPLACE (city or town) 18. (State or country)	more	Name of operation Date of	
(State of country)	10 / 0	What test confirmed diagnosis? Was there an e	utopsy?
15. MAIDEN NAME	in = yugas	23. If death was due to external causes (VIOLENCE) fill In also the following	:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	more 1	Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country)		Where did injury occur?(Specify city or town, county and State	.)
17. INFORMANT		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ICE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL			
	le19	Manner of injury	
		Nature of Injury	1.0
19. UNDERTAKER		24. Was diseasa or injury In any way related to occupation of deceased?	JA
20. FILED, 19	21	If so, specify (Signed)	M, M. D.
REGIS RAR HOLEX DATE S	Registrar.	(Address) A A A A A A A A A A A A A A A A A A	6(-)
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Arteriosclerosis  Chronic interstitial nephritis  1921 Run over by street car  1 week  Cerebral hemorrhage  Other contributory causes of importance:  Other contributory causes of importance:	Example I	Example II
Chronic interstitial nephritis  1921 Run over by street car  1 week Cerebral hemorrhage  Other contributory causes of importance:  Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onse of importance were as follows:
Other contributory causes of importance:  Other contributory causes of importance:	Arteriosclerosis 1915	Attack of epilepsy 1 week as
Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephritis	Run over by street car 1 week as
	Cerebral hemorrhage	7 Peritonitis 3 days ag
	120 16	
Calletones Castron tomitie	Other contributory causes of importance.	Other contributory causes of importance:
danstones Tyea	Gallstones May 1,192	3 Gastroenteritis 1 year

1. PLACE OF D				CERTIFICATE OF DEATH 493	I.
County Ba	ato be	)		Registration Dist. No. 4	2
Village or City	vaidon	Relisican	Come	No. Bolabo St.	
	in city or lown when	tope of	· / .	f death occurred in a hospital or institution, give its NAME instead of street and a second of the s	
	11 city of town where	daath occurrate	200	O.	5
2. FULL NAME	From		Myce	any x	
(a) Residence: N	& Marales	Usual place	of abode)	St./ Ward.  If nonresident give city or town and	State
PERSONAL	AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. (	OLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH	,
F	Abelo	Jung	(grire the word)	(Month) (Day)	, 193(Y
5a. If marriad, widowed, or HUSBAND of	divorced			22. 1 HEREBY CERTIFY, That I attanded	
(or) WIFE of				22. 1 HEREBY CERTIFY, That I attanded	1ecease
6. DATE OF BIRTH (mont	n, day and year)	e-18, 193	6	I last saw hoter aliva on Muy 3 1936	; daath
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at J	
	2	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wara as follows:	1.0.1
8. Trade, profassion,	or particular lona, as SPINNER,		- 41	1	Date
SAWYER, BOO	KKEEPER, etc	none		DrawCho Inemiona	
work was done	, as SILK MILL,	none			
D. Data deceased las	t worked at	11. Total ti	ma (years)		
	(month and	ocan sbau	tin this pation		
12. BIRTHPLACE (city or t	own) Ba	es bo		Dther Contributory Causes of Importance:	
(State or country)	2 22	7	ma		
13. NAME POL	nd h	weak	n		
4 14. BIRTHPLACE (city		vard &	6	Name of operation 222 Date of	
(Stata of Coun	The A	111 500	Ma	What test confirmed diagnosis? Was thara an a	utopsy
Ξ	Marke	a Wille	ams	23. If daath was dua to axternal causes (VIDLENCE) fill in also tha following	
16. BIRTHPLACE (city		nnsylv	ania	Accident, suicide, or homicide? Date of Injury	1
Ont	22 A 7-2	060		(Specify city or town, county and Stat  L Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL/	e)
17. INFORMANT (Addrass) Ma	idero La	- Clare	6 famos	The state of the s	ICE.
18. BURIAL, CREMATION,	DR REMOVAL	- 2		Manner of injury	
Placetouol	on square	Date Mou	1.61906	Natura of Injury	
19. UNDERTAKER L	milo	oh 1		24. Was diseasa or injury in any way ralated to occupation of daceased?	
(Address) / 2	7-800	and	8	If so, specify	
20. FILED Mary	136	Which	fu	(Signed) swind a morgan	
//		U	O Registrar.	(Address) /2/4 or Hayall V/	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I-		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis 1 111 2 1936	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days aga	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstanes	May 1,1923	Gastroenteritis	1 year	

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Hem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	(AAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ATON is very important. See instructions on back of certificate.
B	(	1	)
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	CERTIFICATE OF DEATH 4932
1. PLACE OF DEATH	(47-18)
County Baltimae	Registration Dist. No.
Village or City Yansdowne	No. Howar a Live St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Elizabeth nine	
(a) Residence: No Hammon do Ferry Rd (Usual place of abode) of Was	St., Ward.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DOVORCED (write the word) Tem ale White Company of the word) Tem ale White Company of the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
1 1 22 105 0	Cyn 5 ,1935, 10 May 6 ,1936,
6. DATE OF BIRTH (month, day, and year)	I last saw h. e.g. alive on // Lay 3, 19.36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above/at 2m.,  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onget ?
kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc.	arcinoma of sting 1915,15
tndustry or business in which work was done, as SILK MILL, at home	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town). Baltimore, Co	Other Coutributory Causes of importance:
(State or country)	Jeneral Carrinomuon
13. NAME Phillip mine	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Com and	What test confirmed diagnosis? Listing. Was there an autopsy? No
15. MAIDEN NAME Chycleth Willer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
(State or country) Oulto, 191 d.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANY Calletine Heling que ma (Address) Howard, ave, Lans agrone m	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place and on Vark Date / Day 7,1936	Nature of injury
19. UNDERTAKER July 4 Denny (Address) 715 Licks St	24. Was disease or injury in any way related to occupation of deceased? 240 -
20. FILED May 7 , 36 Geo Suffie for	(Signed) Legesteric A: Van Schoffman (Address 4-8/8-Elmandson Com
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	N is very important. See instructions on back of certificate.
E	ion	C	Z

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fortate PA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH morelo Registration Dist. I (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 4 mos.... ds. How long in U.S. if of foreign birth?\_\_ If U. S. Veteran, specify WAR 2. FULL NAME (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 6 anies (Year) 5e. If married, widowed, or divorced HUSBAND of CERTIFY, Thet I ettended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS then to have occurred on the dete stated above, et \_\_ / i 45 A.m. 1 dey .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. Trade, profession, or particuler CCUPATION kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc .... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Dete deceased lest worked et 11. Total time (years) this occupation (month and spent In this occupation ... Other Contributory Causes of Importence; 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ..... (Stete or country) What test confirmed diagnosis? Wes there an eutopsy? MOTHER 15. MAIDEN NAME 23. If deeth was due to externel causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_ 16. BIRTHPLACE (city or town)\_\_\_\_ (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify ... 20, FILED Registrar.

If more blanks as

State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	4 1 16
The principal cause of death and related sauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial neparitis STREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7.8.7.5			

V. S. No. 1

1. PLACE OF DEATH			
0	- B × ///		
	Registration Dist. No. 4		
Village or City DUNDALK.	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)		
	nosds. How long in U.S. if of foraign birth?yrsmosds.		
2. FULL NAME BABY OVELGON			
(a) Residence: No. 18/3 SNYDEN AL (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  MALE VHITE 5. VILLE	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  NONE	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) MAY 24, 1936	I last saw h alive on 19; death is said		
7. AGE Years Months Days If LESS that I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8 Trade profession or particular	Still-Birth Date of onset		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.			
O Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) DUNDAL H.  (State or country) MD.	Other Contributory Canses of importance:		
I 13. NAME JOHN OVEL GONE.			
13. NAME JOHN OVEL GONE.  14. BIRTHPLACE (city or town). PALTIMORE CO.	Name of operation Date of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME GRACE CLEM SEN	23. If death was dua to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME GRACE CLEM SEN  16. BIRTHPLACE (city or town) BAL TIMORE CO	Accidant, suicide, or homicida? Date of Injury, 19		
(Stete or country)  17. INFORMANT  18. INFORMANT  18. INFORMANT  19. INFORMANT  19. INFORMANT  10. INFORMANT  10. INFORMANT  11. INFORMANT  11. INFORMANT  12. INFORMANT  13. INFORMANT  14. INFORMANT  15. INFORMANT  16. INFORMANT  17. INFORMANT  17. INFORMANT  18. INFORMANT  18. INFORMANT  19. INFORMANT  1	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.		
(Address) 1813 SNY DER AVE			
18. BURIAL, CREMATION, OR REMOVAL Place LOUDON PARK. Date MAY. 25, 1920	Manner of injury		
19. UNDERTAKER John Ufflugh	24. Was disease or injury in any way relate to occupation of deceased?		
20, FILED 5/2 128 WM Pare	(Signed) (Address) (Address) (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S	1 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

STATE OF MARY	LAND-CERTIFICATE C	F DEATH	
DEATH	93:0	<b>V</b>	4
ltimore		Desirate Dia N	

1	PLACE O		TH C	DE MAK	LAND	93:0	JI DEATH	493	5
1	County	Balti	more				Registration Dist. N	10. 30	
	Village or		atonsvil	le		No. 3 Overbrook	Road	St	Ward
			ty or town where	death occurred		death occurred in a hospital or institutionds. How fong in U.S. if of		d of street and n	
2	. FULL NA	ME		Margaret	Owens		*		
	(a) Reside	nce: No	3 Ove	erbrook Rd (Usualplace	., Catonsvi	llst., Ward.	If nonresident give city	y or town and	State
	PERSON	VAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF	DEATH	
	sex Female		R OR RACE	5. SINGLE, MARK OR DIVORCED Si nel	(write the word)	21. DATE OF DEATH	May	17	193 6
_	If married, widow HUSBAND of			1 1/4/54			(Month) (0	Jay#	(Yeer)
	(or) WIFE of							at I attended o	deceased from
6. (	DATE OF BIRTH	(month, day	, end yeer) Au	guast 23,	1859	1	May 17	1 3/	; death is said
		ars	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated			
		76	9	24	ormin.	The PRINCIPAL CAUSE OF DEATH were es follows:	1 and related causes of im	portance	Date of onset
S S	8. Trade, profe kind of	ession, or pa work done,	rticular as SPINNER,	Mana		Cerefral 1	/		5.03/
FAII	SAWYER 9. Industry or	R, BOOKKEE	PER, etc which	None		Celegral !	Muonho	za.	3-17-36
000	SAW Mi 10. Date decease this occu	LL, BANK, e	ked at hth and	11. Total ti	me (yeers) t in this pation				
12.	BIRTHPLACE (c	ity or town)	Balt	imore laryland	pation	Other Contributory Causes of import	tance:	12	9/20/36
EK	13. NAME		John D.	Owens		f			1/.00
FAIH		E (city or to	wn)	St. Narys Maryl					74-
7	15. MAIDEN NA		Sarah	Evans		What test confirmed diegnosis?  23. If death was due to external cause			
MOH		E (city or to	wn)St.	Marys Co		Accident, suicide, or homicide?			
17.	INFORMANT	Mrs. E	loward Ho		sville, Mo	Where did injury occur?	(Specify city or town, c INOUSTRY, in HOME, or	ounty and State in PUBLIC PLA	iCE.
18.	BURIAL, CREMA	TION, OR R	EMOVAL	y Oete May		Manner of injury			
19.	UNOERTAKER (Address)	102	Ah A	3. Continuore S	t.	24. Was disease or injury in any way	y related to occupation of	deceased?	to
20.	FILEO 50/	18	19 /	Jun	Registrar.	(Signed) (Address)	14. 196	un	В. м. D.
			If more	blank are seeded, de		2411 N. Charles Street, Baltimore, Requ	uesting U. S. No. 2.		wet a

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related chuses of importance were as follows:	Pate of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arterioselerosis UN 2 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RUPFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA-

item of infor-

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH						
Coun	ty Baltim				Registration Dist. No.	32
Villag	ge or City	Howardv	ille, Md.		No. Outside St.	Ward
Length	h of residence In ci	ity or town where d	deeth occurred2	yrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street	
2. FULL	NAME	Julian A	Augustus	Penniman	If U. S. Veteran, specify WAR	
(a) R	Residence: No.	Carvel H	all, Anno	voolis	St., Ward. O210	n and State
PER	RSONAL AN	D STATISTI	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX Male		R OR RACE	s. single, mar or divorce Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH, May 1st	, 193_6
	I, widowed, or divo		1		(Month) (Day)	(Year)
HUSBAN (or) WIF	VD of				22. i HEREBY CERTIFY, That latter  July 1935 to May 1st	nded deceased from
6. DATE OF 1	BIRTH (month, day	v. and vear)	ct. 16, 1	866		36 ; death is said
7. AGE	Years	Months	Deys	If LESS then 1 day,hrs.	to have occurred on the date steted above, at 11:45 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 8 Trade	70 e, profession, or p	4 articular	1 0	ormin.	were as follows:	Date of onset
ki	ind of work done, AWYER, BOOKKEE	as SPINNER.	Artist		Coronary Thrombosis	Sudden
I Indus			aritestura		Out officer and out of the second of the sec	
ET IS	stry or business In ork was done, es: AW MILL, BANK,	etc	e hetture	***********		
O 10 Dete	deceesed last wor his occupation (mo	rked at nth end 1029	11. Totei t	ime (years) nt in this 45 upation	3 3.20	
y y	ear)	1332	occ	upation	Other Contributory Causes of importance;	
	ACE (city or town)		at Barrir	ngton		
	or country)	Mas	5.		Arterio Sclerosis	?
13. NAMI	E Rav. V	Villiam P	enniman			
4 14. BIRTI	HPLACE (city or to State or country)	own) Sava	nnah		Name of operation None Dete	e an autopsy? No
표 15. MAID	DEN NAME	Unk	nown	HI HI DESIGNATION	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the follower	
	HPLACE (city or to Stete or country)	own)	<i>Unknow</i>	h	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
		t H. McC			(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. 150 TAL, C	CREMATION, OR 4	REMOVAL	Dete May	2 , 19 36	Menner of injury	
19. UNDERTA	KERFrank H	d. Newell			24. Was disease or injury in any wey related to occupation of deceesed	No No
(Addr	ress) Pikes	ville, Md			If so, specify	
O. FILED	og 11X.	1936 8	Eluch	Registrar.	(Signed) (Address) Political Research	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nepl		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 2 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	infor	stat	CUPA	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
)	ry ite	S	nt of	
	Evel.	CIAI	temer	/
	CHO.	HYSI	t sta	/
	REC	. P	Exac	
	ENT	LLY	ed.	
	INV	AC	assifi	
	PERM	EX	ly cl	ate.
	SA	tated	roper	rtifica
	IIS I	Be S	be p	of ce
	TI	pino	may	back
	HNI	E sh	at it	uo s
	DING	AG	se th	ctions
	VFAL	plied.	rms,	nstru
	H U	dns	in te	See ii
	WIT	fully	in pla	int.
	LY,	care	TH!	porta
	LAIN	ld be	DEA	ry im
	E P	shou	E OF	is ve
	VRIT	ation	AUSI	NOI
	B.—\	m	(2)	TION is very important. See instructions on back of certificate.
	ż			

STATE OF MARYLAND-CERTIFICATE OF DEATH 4937

1. PLACE OF DEATH	591	
County Ballynord	Registration Dist. No. 30	
Village or City Q almsin (1)		Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)	ds.
Ratta & Ditt		
2. FULL NAME / COMMANDE COMMANDE	Ward COOL	J
(a) Residence: No. V 20 N AMN AVE IS ANSWERS M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	*****
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yes	er)
5a. If married, widowed, or divorced, HUSBANO of (or) WIFE of Mellan A. Puttinger	22. Quel > 3 19 6 to may 9 19	d from
6. DATE OF BIRTH (month, day, and year) Tele 6 1869	I last saw h_ Lev aliva on may 9 , 19 3 h, death	ls said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.7 m.	
67 3 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	fonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerelial Lamentinge 16	day
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1	/
10. Oata deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) Saleham (State or country) Harbara CO Mile	Other Cautributory Causes of Importance:  Diabetes assure 20	hes
13. NAME Neng W. Binnett  14. BIRTHPLACE (city of town) Snachain	Chiffre Jutistal Mobile 3.	kyes
14. BIRTHPLACE (city by town) Machines (State or country)	Name of operation Date of Date	
(State of country)	What test confirmed diagnosis?	190
15. MAIDEN NAME Caroline Rheals 16. BIRTHPLACE (city or town Press Lumnon)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accidant, suicide, or homicide?	
16. BIRTHPLACE (city or town)   16. Stata or country)	Where did Injury occur?	
17. INFORMANT Mrs James Flagly (Address) 70 Radner Colfe Bellings Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL SELECT LOS	Manner of Injury	
Your Date May 1, 1988	Nature of injury	
19. UNDERTAKER CONCEST TO COLUMN Sectiones a	24. Was disease or Injury in any way related to occupation of deceesed?	
20. FILED 5 19 1936 All Shadle Registrar.	(Signed) (W) Donelle (Address) 45/3 Treduces ar	
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Ballo M.	d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance)	2/	Other contributory causes of importance:	
	Moy1,1923	Gastroenteritis	1 year

STATE OF MARY  1. PLACE OF DEATH	LAND-	CERTIFICATE	OF DEAT	H 498	38
County Baltimore	0-		Registration Di	st. No. 38	
Village or City		NoNo	itulion, give ils NAME il	St.,	
2. FULL NAME NUNNIE E Po  (a) Residence: No. RUYTON	OR THE	St. Ward.	To loreign biren?	yrsn	103
(Usual place of				e city or town and	d State
PERSONAL AND STATISTICAL PARTIC			CERTIFICATE	OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED 5. 1991	(write the word)	21. DATE OF DEATH	Month)	(Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREB	Y CERTIFY.	That I attended	deceesed fr
6. DATE OF BIRTH (month, day, end yeer) 3 - 3 - 15	873 1863	I lest sew h Ex alive on	Thean	3 ( , 1936	>, 19.2
7. AGE Yeers Months Deys	If LESS then  1 dey,hrs.  ormin.	to heve occurred on the dete st. The PRINCIPAL CAUSE OF DE wepe as follows:		of importence	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9/Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupetion (month end year)  12. BIRTHPLACE (city or town) (Stete or country)	e (yeers) In this etion	Other Contributory Canses of in	Lephrel	10	13
13. NAME Alfred Pook 14. BIRTHPLACE (city or town) Baltimore, 1 (Stete or country)	Nd.	Name of operation	wonz- Clinical	Dete of	au'opsy? L
15. MAIDEN NAME // ARION N. POOR  16. BIRTHPLACE (city or town) Middle DUrg., V.  (Stete or country)  17. INFORMANT Chas. Fisher	2	23. If deeth wes due to external and accident, suicide, or homicide?.  Where did injury occur?	(Specify city or to	te of injury	, 19
(Address) Region Mod  18. BURIAL, CREMATION, OR REMOVAL  Place Sheen Mann. Date May	7,1936	Menner of injury			
19. UNDERTAKER HENRY TO PROPERTY & CARREST TO CONTROL OF THE MANY 1 36 SUMMENTS	Jana Co.	Was diseese or injury in english so, specify	way releted to occupation	on of deceased?	Ls -
1 Deputy 1 be	Registrar.	(Address)		4 aux	

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Example I	4 6	Example II	
The principal cause of death and related cause of importance were as follows:	Dateroninset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Mack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	n over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peditonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

Dr. Chas H. Larned.

PHYSICIANS should state

BINDING	
FOR	
RVED	
RESERVED	
MARGIN	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY,

	-CERTIFICATE OF DEATH 4939
1. PLACE OF DEATH	(183)
County Dallung	Régistration Dist. No.
Village or City Harrows Village or City Harrows	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsm	
2. FULL NAME John Voirell	2 × 2 · - ·
(a) Residence: No. 813 & Street	St. Ward Classons Count, Med.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  OR DIVORCED ("write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased fro
	, 19, 19, 19
6. DATE OF BIRTH (month, dey, and year) april 19, 1908	I last saw h alive on, 19; death is sa
7. AGE Years Months Deys If LESS than	
28 / 2   1 day,hi	rs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Rind of work done, as SPINNER, Moneday Helper SAWYER, BOOKKEEPER, etc. Moneday Helper	
	accidental Neath due
9. Industry or business in which work was done, as SILK MILL, Bellithern Steel Co.	to drowing.
10. Date deceased last worked at 11. Total time (years)	a boat was not shooled cut R.
this occupetion (month and spent in this occupetion	mount of accuragnce : Unknown
12. BIRTHPLACE (city or town) Blackskidge, Va.	Other Contributory Causes of Importance:
(State or country)	
13. NAME anothy Joinell	
10 .21	Name of operation Date of
4. BIRTHPLACE (city or town) (Sovelltown Va. (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME alice Marks	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Blacksteridge Va.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17, INFORMANT Samuel B Maria brothy in	(Specify city or town, county and State)  Specify whether in Try occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 8/3 Dheet Spannis Vois	free recks, persons bent, hed.
18. BURIAL, CREMATION, OR REMOVAL 2 a crase n. 24	Mahner of injury
Place Usr gisspe Date May 24, 19.36	Neture of injury
19. UNDERTAKER S OF Chare Survey (Address) (13 & M. Gilly 1) All	24. Wes disease or injury In any wey related to occupation of deceased?
MAGINESS US OF THE PROPERTY OF THE SECOND	(Signed Lang H. Lens, Crone, M.
20. FILED Registrar.	(Address) Barrons but And
If more blanks are needed, address State Resistr	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example R	1	Example II	
The principal cause of death and relate causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 's	1921	Run over by street car	1 week ago
Cerebral hemorrhage	duly 5,1927	Peritonitis	3 days ago
12/			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

WARGIN RESERVED FOR BINDING

N. B.—WRITE—LAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MAKILAND	CERTIFICATE OF DEATH	940
county Baltimore		Pagistration Diet No.	118
Village or City Franklan		No. Registration Dist. No.	the Word
		f death occurred in a hospital or institution, give its NAME instead of stre	
Length of residence in city or town where o	leath occurred yrsmo	sds. How long in U.S. if of foralgn birth?yrs	mosds.
2. FULL NAME Tranks	- Jan	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or to	wn and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  2 Z  (Month) (Day)	, 193 <u>6</u> (Yeer)
5a. If married, widowed, or diverced HUSBAND of (or) WHFE of	n Pay	22. I HEREBY CERTIFY, That I et	
6. DATE OF BIRTH (month, day, and yaar)	b. 29/1855		9 36; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 22. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e
rada, profession, or particular	91.	Urlinia	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Calour	Interes Selevis	7
. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Man	The wemen was probably caused	ly
10. Date deceased last worked et this occupation (month and year)	11. Total tima (yaars) spant in this occupation	Chamie Mastitus Mikritia. 9	4.05
12. BIRTHPLACE (city or town) - Hart	ord Co. mol.	Other Contributary Causes of importences	2
(State or country)		- Cadicia decemberal	ta ?
13. NAME John Ka	y	/	
14. BIRTHEYACE (city or town)	Unterwan	Name of operation Da	te of
(State of country)	0.0	Whet test confirmed diagnosis? Wes the	ere an autopsy?
15. MAIOEN NAME	reswell	23. If death was due to external causes (VIOL ENCE) fill in also the fo	ollowing:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Unknow	Accident, suicide, or homicide? Date of Injury_	
17. INFORMANT My Lift (Address)	ie M. Ray	Where did injury occur?  (Specify city or town, county a Specify whather injury occurred in INDUSTRY, in HOME, or In PUB	and State) LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	the state of the s	Manner of injury	
Plece Jesusalem Con	n. Date May 24, 1936	Neture of injury	
19. UNDERTAKER FLACK, Las (Address) 7401 332	sahn + Son	24. Was disease or injury in any way related to occupation of decaes	ed? 200
20. FILED May 23, 19.3.6 Wa	eter Stammett	(Signed) Atlant D. Phelley (Address) Karlesaulle	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago	
The special age of the special a	Į.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH ADAL
1. PLACE OF DEATH	920
County Old Frederick Roas	near printer fix Registration Dist. No. 30
Village or City Catonalla (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toon where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mos ds
2. FULL NAME Selena (XX	loubotton,
(a) Residence: No Ola Frederich Road	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX 4. COLOR OR RACE OR DIVORCED (regine the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced, HUSBAND of	
(OT) WIFE OF Benjamin Openbottom	22. HEREBY CERTIFY. That I attended deceased from 1930 to May 1 1936
6. DATE OF BIRTH (month, day, and year) whenour, 1847	I last say her alive on Clar 29 , 1936; death Is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:30 Am.
6 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Tests confession on continuous	Date of onset
SAWYER, BDDKKEEPER, etc. Huse - work	of Their 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked et this occupation (month end spant in this year) vear)  occupation	
12. BIRTHPLACE (city or town) Northermberland Co.	Other Coutributory Causes of Importence:
(State or country)	Cleute Deletation
13. NAME Benjamin Hutchinson	of Least
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diagnosis level Symptomis there an autopsy?
15. MAIDEN NAME Selene?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Va	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Comme Davis (Address) Qu Frederick Roda	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wholem Star Date May 3, 1936	Nature of injury
19. UNDERTAKER Mrs. Latre R. Williams/ (Address) 322 x Seprocher St.	24. Wes diseese or injury in any way related to occupation of deceased?
20. FILED may 3, 1936 marshall 12 week	(Signed) Wallety M.M.
Registrar.  If more blanks are needed, address State Registrar.	(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example IVED		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923.	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAI

N. B.

be properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	
	County Baltemore	Registration Dist. No. 38
	Village or City Hasha Tiens (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town whera death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Allean & Ridde (a) Residence: No. Carotern + Suthern Care	
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	mile thate OR DIVORCED (wire the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (er) WIFE of Colice V. Riddel	22. I HEREBY CERTIFY, That I attended deceased from
of certificate.	6. DATE OF BIRTH (month, day, end yeer) lec. 30 - 1862  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  SAWYER, BDDKKEEPER, etc.	i last saw h aliva on, 19; death is said to have occurred on the date stated above, at, 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
back	Industry or business in which work was done, as SILK MILL, Real Estate Oxnatr SAW MILL, BANK, etc 11 Total time (Wars)	
instructions on	this occupation (month and spent in this occupation caupation 12. BIRTHPLACE (city or town) Balto	Dther Coutributory Causes of Importance:
instru	(State or country) md.  13. NAME John a. Riddel	
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au'opsy?
ıt.	15. MAIDEN NAME Sarah and Harp	23. If death was due to external couses (VIOLENCE) fill in also the following:
rtaı	15. MAIDEN NAME Sarah adm Starp  16. BIRTHPLACE (city or town). Salts.	Accident, suicide, or homicide? Data of injury19
ry important.	17. INFORMANT mo alice V. Reddel	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
N is very	18. BURIAL, CREMATION, OR REMOVAL Place Cak Lawn Date May 27, 1936	Manner of injury
TION	19. UNDERTAKER John S. Connelly (Address) Prod.	24. Was disease or injuly in any way related to occupation of deceased?
(9	20. FILED Than 3 7, 1968 6 The B Carelle Registrar	(Signed) Willy Colony M. D.  (Address) Developer Trid
-	If more blanks are needed, address State Resistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I  The principal cause of death and related causes Date of onset		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 weck ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:		

should state cem of infor-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 4943
1. PLACE OF DEATH AL.	93-0 × 1
County Bulliman	Registration Dist. No. H
Village or City Hammus Kun	No. St. Ward
Length of residence in city or town where death occurred 22 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
m +11.	mosas. now long in 0.5. If of foreign birth? 2
2. FULL NAME / Millela limby	
(a) Residence: No. Atlanta (Usual place of abode)	St., Ward.    If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	. 21. DATE OF DEATHY
OR DIVORCED (write the word)	114009 1140- 193 0
5a. If married, widowede or divorced	(Month) (Day) (Year)
(or) WIFE of James Remby	22. I HEREBY CERTIFY, That I attended deceased from
	1936, to 1949 8 , 1936
6. DATE OF BIRTH (month, day, end year) Other 8, 1848	I last saw h_ last alive on
7. AGE Years Months Oays If LESS that	The state of the s
8 7 1 7 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	courter apopulary 5/1/3
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. Housework.	
U 10. Date deceased last worked at this occupation (month end spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Many	artenosluote Cardis - ?
(State or country)	- Vasculur disease
13. NAME Juliour	
13. NAME Juliourn  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy
15. MAIOEN NAME (Warrown)  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MAN STREET SELECTION (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 7.3 7 h. Jenwood (we.  18. BURIAL, CREMATION, OR REMOVAL	Managediatura
Place Tourson Vach Cem, Oate May 11, 193	Manner of injury
F	ne s
(Address) 7401 (22 laws ) 100 d	24. Was disease or injury in any way related to occupation of deceased?
0/ 0 1/0/ 60 11	(Signed) /// Mangardner M.D.
20. FILED Those 7, 1936 John D. Countly Reporter	hand to the country
If more blanks are needed, address Sale Regist	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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plain terms.

DEATH

OF

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City (If death occurred in a hospital or institution, give its NAME justead of street and number) How long in U.S. if of foreign birth? 5.5 vrs. mos. ds. If U. S. Veteran, specify WAR 29 Mish (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) White MARRICA 5a, If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended daceasad from (or) WIFE of Roese 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to heve occurred on the date stated ebove, at \_\_\_\_\_\_m 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oate of onset 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ \*Andustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 11. Total time (years) spent in this 10. Oate decaasad last worked at this occupation (month end occupation \_\_\_\_ ermany. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Neme of operation.... (Stata or country) What test confirmed diagnosis? MOTHER 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Address) \_\_

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Chronic interstitial nephritis	1921	Run over by street car	Table ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# MARGIN RESERVED FOR BINDING

V. S. No. 1

should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	23	
County Bultimare	Registration Dist. No. 23	
Village or City Covings Mills, Jud-	NoSt.,W	Vard
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	da
2. FULL NAME Margarch & -Sayers	If U. S. Veteran, specify WAR	
(a) Residence: No. Shallwood, Ind- (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	,
Female White Single	(Month) (Day) (Year	5
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. A HEREBY CERTIFY, Thet I attended deceased the state of the state	rom 36
6. DATE OF BIRTH (month, day, end year) Seph. 10. 1918	Hest saw has alive on man / 1976 death is	saint
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 A.m.	
7 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
1 9 Tests sectorion as sectionless O T O	Pulsumary Jaherelouis Just	nset
SAWYER, BOOKKEPER, etc State framing		
work was done, as SILK MILL. Schral, Cewings miles,		
O 10. Date deceased last worked et this occupation (month and year)   11. Total time (years)   12. Total time (years)   13. Total time (years)   13. Total time (years)   13. Total time (years)   14. Total time (years)   15. Total time (years)   1		
12 DIDTUDI ACE /aitu or formal	Other Contributory Causes of importance. Therefore - Congression	7.1
12. BIRTHPLACE (city or town)  (State or county)  Carroll County	The state of the s	- Car
W 13. NAME Jahn Jf. Jamess.		
14. BIRTHPLACE (city or town)	Neme of operation 74404	
(State or country) Ballman Comy	What test confirmed diagnosis? Christal T lalman, Was there an eutopsy?	ho.
15. MAIDEN NAME THANGAUT H. Bile	23. If death wes due to external causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME Margaret H. Zille  16. BIRTHPLACE (city or town)  (Stele or country)	Accident, suicide, or homicide? Date of Injury19	
E (Stete or country) Castoll Country	Where did injury occur?	
17. INFORMANT Sughtuhmal Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Clarings mills, rud-		
18. BURIAL, CREMATION, OR REMOVAL Place Westmannto Centurale May 6 1936	Manner of injury	
riace a apparaturation of the same of the	Nature of injury	
19. UNDERTAKER TON TELL	24. Was disease or injury In any way related to occupation of deceased? Two-	
(Address) Sypherell Carriello	If so, specify & Berley	
20, FILED May 4, 19.3 6 of Court me	1/0 7- 7/ 7.1	M.D.
Registrat.	(Address) I wrings mills ma-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	医即性	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FCE	7915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 6, 1927	Peritonitis	3 days ago
BUREAU	V. 5. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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20. FILED May 21, 19 3

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Date of onset

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Chronic interstitial hephetitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MOTURE | CATURE N. B.—WRITE PLAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4947
County Baltimore	Registration Dist. No.
Village or City Catonsville	NoSt.,Ward death occurred in a hospital or inslitution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah 6. Sekseffe	If U. S. Veteran, specify WAR
(a) Residence: No. Landington Cua (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  3 193 6
a. It merried, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of George J Schaebler	22. HEREBY CERTIFY. Thet I attended deceased from 25, 1970 to M 43, 1936
DATE OF NIPTH ( and ) G A 2 1659	I lest saw h & alive on after a 2-5 4, 199 6; death is said
DATE OF BIRTH (month, day, end year) Court 13 83 9	to have occurred on the date stated above, at . 5
76 8 9 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Copoyehila V Largagas
SAWYER, BOOKKEEPER, etc.	Cleute Gronthetiss Dynation: tenf days lugge
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	appear of the last
10: Date decessed lest worked et this occupation (month and spent in this	appendiction beautiful
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Carroll County	Jaskape of heart,
(State or country) maryland	ofter sandenger conglines
13. NAME Samuel Hughs	10poll.
14. BIRTHPLACE (city or town) Carroll County	Neme of operation
(State or country) maryland	What test confirmed diagnosis?
15. MAIDEN NAME Surah Sochard	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Country	Accident, suicide, or homicide?
(State or country) maryland	Where did injury occur? (Specify city or town, county and the Office of the the
17. INFORMANT Swage Schaeffer - Sone	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIO TLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Westminster melate May 5, 1936	Neture of injury.
19. UNDERTAKER albert W Seregas	24. Was disease or injury in eny way related to occupation of deceased?
(Address) 440 6 north and	If so, specify
20. FILEO S / 5 , 1936 the Company Registrar.	(Signed) M. D. (Address) M. (Addre
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 184

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Example	2	Example II	
The principal cause of death and relationate of importance were as follows:	S Date if anset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			a describe of

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gara !	me prem			Enteposta
V				Expressed or

-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1. PLACE OF DE	TH C	JE MAK	ILAND	CERTIFICATE OF	DEATH 43	1.8
County B	altin	1998-	. 900	ornant, Rep	istration Dist. No.	oud
Village or City	and,	ells	bour	No	St.,	Ward
Length of residence in	city or town where	death occurred	yrsmos	0/	birth?n	
2. FULL NAME	uther	Edward	1 Schmi	If U.S. Veteran specify WAR		
(a) Residence: No.	616 Ct	(Usual place	of abode)	St., Ward. Bel B	conresident give city of town an	d State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIF	FICATE OF DEATH	
Male M	or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	h) Zed	, 193 6 -
5a. If married, widowad, or di HUSBAND of (or) WIFE of	telds	Este	limits	22. I HEREBY CE	RTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month,	lay, and year) F		1.1882	I last saw h elive on		
7. AGE Years	Months	Days	If LESS then	to heve occurred on the date stated ebove,		
54	3	24	1 deyhrs. ormin.	The PRINCIPAL CAUSE OF DEATH and rewere as follows:	elated causes of importance	Date ol onso
8. Treda, profession, or kind of work don SAWYER, BOOKK	e, es SPINNER.	Tabel	woker	-		
Industry or business work was dona, a SAW MILL, BANK	s SILK MILL,	ng alaban, a a a a a a a a a a a a a a a a a a				
10. Data deceased last v this occupation (r year)		a self enos	me (yaars) nt in this 30	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or tow (State or country)	n) Bak	Simo	e, my			
	-	Jelana	18.			
E	20	710100	vel -	Name of operation	Dete of	
14. BIRTHPLACE (city or (Stata or country		- Comment	16		Wes there an	
15. MAIDEN NAME	Huis	ne lec	k	23. If deeth wes due to external causes (VIC		,
15. MAIDEN NAME  16. BIRTHPLACE (city or (Stete or country)		Loury	010.	Accidant, suicide, or homicida?	wan Lave, R	19.3
17. INFORMANT 2014	talda	K. Ser	hunds		cify city or town, county and St	ate) LACE.
(Address)	REMOVAL COL	netery,	and state	Manner of Injury Trange	labron lon h.	1201
Placa 2018 -	teve.	pate Ma	406,1936	Natura of injury		Jan
19. UNDERTAKER LOS	19/1/20	Kyes	Kons	24. Was disease or injury in any way relate	ad to occupation of deceased?	No:
7:	19.36	Wm & n	1artin	(Signed) Medic Too	vusend, Coro	ude M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by servet car	1 week ago
Cerebral hemorrhage	July 5,1927	Parity its AVA C	3 days ago
		MAY 20 1936	
Other contributory causes of importance:	A-10-17		
Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

20, FILED.

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4949
1. PLACE OF DEATH	
County Balturiore	Registration Dist. No. 30
Village or City & llucate Cel P. O	No. Frederick Road, Baste Co Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME Mellie Mae beholy	0 000
(a) Residence: No. 602 W. Morth ave (Usual place of abode)	St., Ward. Alluwork  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 4 (Day) (Year)
ia. If married, widowed, or divorced	(Mooth) (Day) (Year)
HUSBAND of (or) WIFE of Louis Scholy	25 I HEREBY CERTIFY. That I attended deceased from 241, 136, to My 311, 1936
5. DATE OF BIRTH (month, day, and year)	Ust saw her alive on 3 14 7 May 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2704m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPHNER hoctured Muse.  SAWYER, BOOKKEEPER, etc	Sofeetive Rudo Chichtis Date of onset
9. Industry or business in which work wes done, as SILK MILL Mersey Home	4 44
10. Date deceased last worked at this occupation (month and 4/19/36) 11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) Sleep Cely (State or country) many laws	Other Contributory Causes of importance:
13. NAME Howard J. Fredlucks	
(State or country) ary laced	Name of operation
15. MAIDEN NAME COLLIE. Mac Case	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto Co (State or country) Are Care	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17. INFORMANT Howard Fredericks	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL CLEAN Date Mary 7, 1936	Manner of injury
19. UNDERTAKER A Easton Sous (Address) 6 Prest Cel	24. Was disease or injury In any way related to occupation of deceased?
5/1 ma1 1	(Signed) STOPEDIA DE MANKEYA HO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	Total State
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
bereau.s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MA	RYLAND—	CERTIFICATE	OF DEATH	4950
County Salto		(15-12)	Registration Dist. No.	30
Village or City, Llyndon M	1	No		St., Ward
Length of residence in city or town where death occurred.	10	death occurred in a hospital or inst		
2. FULL NAME Minnie Se	- Sold		, or rooting the state of the s	
(a) Residence: No. 19 Buller Po	1.	St., Ward.	X	
	ace of abode)	Su,	If nonresident give city	or town and State
PERSONAL AND STATISTICAL PAR	TICULARS		CERTIFICATE OF D	EATH
I O OL ( . f. OR DIVO)	ARRIED, WIDOWED. RCED (write the word)	21. DATE OF DEATH	(Month) (Da)	, 193 (Year)
a. If marriad, widowad, or divorced HUSBAND of Corp. WIFE of Charles a. Lea	bold	22. I HEREB	Y CERTIFY, That	1 attended deceased fro
. DATE OF BIRTH (month, day, and year) Dec 25	- 1865	Llast saw h.e.C. alive on	may 20	1936 death is sa
AGE Years Months Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date st The PRINCIPAL CAUSE OF DE were as follows:	ated above, atm. ATH and related causes of Impo	ortanca
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	tei time (years) spent in this	19340	arsliko di	Date of one
12. BIRTHPLACE (city or town) Batto City (State or country)	occupation	Other Contributory Causes of In	nportance:	
13. NAME Am Fagur  14. BIRTHPLACE (city or town)  (State or country)		Name of operation What test confirmed diagnosis?		Date ofas there an autopsy?
15. MAIDEN NAME Caroline / a	tepe	23. If death was due to external	causes (VIOLENCE) fill in also t	the following:
15. MAIDEN NAME Caroline a 16. BIRTHPLACE (city or town) Lumany (State or country)  17. INFORMANT Geo. It Seabort (Address) Lyndon M.	g Ed	Where did injury occur?	(Specify city or town, cou in INDUSTRY, in HOME, or in	inty and State)
18. BURIAL, CREMATION OR REMOVAL Place Vool Laure County ate Jun	w 2 ,1936	Manner of injury		
19. UNDERTAKER Discussion michael		24. Was disease or injury in any	way ralated to occupation of d	eceased?
20. FILED JML 1 , 19 36 Hours	Registrar.	(Signed) (Address)	etaters town	And M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial mephritis 6 199	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH jo plnods County Registration Dist. No item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred < O vrs. HeW long in U.S. if of foreign birth? statement If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5, SINGLE, MARRIED, WIDOWED, 4. COLOR\_OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) classified. 5a. If married, widowed, or divorced 22 .-I HEREBY CERTIFY. That I attended deceased from (or) WIFE of K × 回 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, a Carry Pm. stated 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causas of Importance or .... min. 8. Trade, profession, or particular UPATION kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. on 10. Date deceased last worked at 11. Total time (years) this occupation (menth and spant in this 334 AGE that instructions Othar Coatributary Causes of importance 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Nama of operation ... plain (State or country) carefully What test confirmed diagnosis?. MOTHER important. 15. MAIDEN NAMI 23. If death was due to external causes (VIOLENCE) fill in also the following: ii. 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?\_\_\_\_\_ Data of Injury\_\_\_\_\_ DEATH (State or country) Where did injury occur? .... pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods very 17. INFORMANT OF (Address) 18. BURIAL CREMATION Manner of injury S CAUSE mation .Date NOIL Nature of injury. 24. Was diseasa or injury in any way related to occupation of decaased? / Y Q 19. UNDERTAKER If so, specify M 20. FILED MANY 10 Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Halsimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	D //	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

item of infor-s should state of OCCUPA-

PHYSICIANS

Exact statement

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1. PLACE OF DEATH		(3h)	
di	County Baltimore		Registration Dist. No. 30	
	Village or City Pikesville		No. 10 Walker Clae. St	Ward
		111	death occurred in a hospital or institution, give its NAME instead of street and	number)
1	Length of residence In city or town where death occurred	yrs,mos	ds. How long In U.S. If of foreign birth?yrsm	iosds.
	2. FULL NAME CLUM.	nyale	If U. S. Veteran, specify WAR Civil	
A	(a) Residence: No. 10 Walke	e glue.	St., Ward.	
	44.	lace of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	Nale White 5. Single, 1 Orbite Wild	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH May 3/	, 193 (Year)
	5a. If married, widowed r divorced HUSBAND of (or) WIFE of	Suyder	22. I HEREBY CERTIFY, That I attended	deceased from
e.	6. DATE OF BIRTH (month, day, and year Device)	2, 1846	I last saw here alive on May 31-55, 1936	; death is said
certificate	7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at 0.2451.m.	
rtig	89 9 128	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	100
	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 0		Date of onset
of		re		-
back	9. Industry or business in which a. work was dona, as SILK MILL, SAW MILL, BANK, etc		Minorae O /Ephrilis	-
no	I O Me	stal time (years) spent in this occupation		
instructions	Della.	A act	Other Contributory Causes of importance:	
ıcti	12. BIRTHPLACE (city or town) (Stata or country)	Son	Jurgenia.	
strı	13. NAME Davel. Duy	don		
	H 13. NAME		Aa .	
See	14, BIRTHPLACE (city or town)		Name of oparation Oala of	N
		1000	What test confirmed diagnos Was thara an	
ant	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	tit	231f death was due to external causas (VIOLENCE) fill in also the followin	
ort	16. BIRTHPLACE (city or town)  (State or country)	argun	Accident, suicide, or homicida? Oate of Injury	, 19
y important	17. INFORMANT W. J. J. L.	D. 11 .00	Whera did Injury occur?  (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	te) LACE.
very	(Address) DW WATER (Mel.	Mesal	<b>6</b>	
18	Place With Single Date Co	ue 2.36	Manner of Injury	
LION	( Du W. Ja D. J.	2	Nature of injury	tal
TI	19. UNDERTAKER CANDIDATE FA	aues.	24. Was disease or injury in any way related to occupation of decaased?	70
)	20. FILEO June 1 , 19 3la lo. 9	o. Mushur Registrar.	(Signed) Longs 6. Phannon (Address) 700 St. Fullow	202 M.O.
	76 12-1	1.1 . 11	V 01 1 0 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   JUL 2 1936	July 5,1927	Peritonitis	3 days ago
BUSEAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago BURFALL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

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should state em of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 49	54
1. PLACE OF DEATH	(46-6)	K
County Maymare	Registration Dist. No.	
Village or City / Resedate.	No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and num	war
7/)	gsds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Robert Leonard The	mipson alto	
(a) Residence: No Roseland ave Roseda	lest. Ward. Balt Cety	
(Usual place of abode)	If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH	
M. W married	(Month) (Day)	(Year)
e. If married, widowed, or divorced HUSBAND of	22. I HÆREBY CERTIFY. That I attended dec	ceased fro
(or) WIFE of Birdie Elizabeth Hongson	1 april 12 1936 to May 16	19.3
DATE OF BIRTH (month, day, and year)	I fast saw h sam alive on May 15 1 1936;	death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, a. \$330P.m.	
62 7 23 1 day,hr	THE PRINCIPAL CHOSE OF BEATH and related dates at importance	
1 %8. Trade, profession, or particular	- Laruma Stonach	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or business in which work was done, as SILK MILL, Carpenter SAW MILL, BANK, etc.		
SAW MILL, BANK, etc		
this occupation (month and 6 yrs spant in this occupation year)		
	Other Catributory Causes of importance:	0 94.
(State or country)	Okjour Jamender	22
	- Joxema.	> pero
Comment of the state of the sta	end to to	1
14. BIRTHPLACE (city or town)	Name of operation Control Date of Fac	118/
	Whet test confirmed diagnosis? Was there an au'	opsy?
7711111	23. If death was due to external causes (VIOLENCE) fill in also the following:	10
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
Bist. Thomas	Where did injury occur? (Specify city or town, county and State)	
(Address) 8, Annual Comments	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury	,
Place ffing for Man Date Man 21, 193	Neture of Injury	
Mineral 1/2 Block &	24. Was disease or injury logany way related to occupation of deceased?	20
19. UNDERTAKER (Address)	If so, specify	
2000 16 31 Del 19 Can 11	(Signed) Missing gudne	M
20, FILED , 193 Registrar	(Address) March La Mari	
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones GROUNGER	May 1,1923	Gastroenteritis	1 year
AMA			

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 4955					
1. PLACE OF DEATH	930 16				
County Baltimore O	() 20				
7 - 00	Registration Dist. No.				
Village or City Calonsville Jas	death occurred in a hospital or institution, give its NAME instead of street and number)				
	ds. How long in U.S. if of foreign birth?				
2. FULL NAME Todd Lauston W					
(a) Residence: No. 1913 Williams / Five (Usual place of abode)	St., Ward. Ballow Ballows  St., Ward. Ballow Ballows  If nonresident we city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH				
OR DIVORCED (white the word)	Man 35 1936				
5a. If married, widowed, or divorced	(Month) (Day) (Year)				
HUSBAND of (or) WIFE of Manually Sq. 1. Tald	22. I HEREBY CERTIFY, That I attended deceased from				
Mysell Caray out	8/12/35,19,10,5/25/36,1936				
6. DATE OF BIRTH (month, dey, and year) alieg 20 - 1868	I tast saw h alive on 5/35/26				
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, at				
68 9 5 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were es follows:				
	Roseslesed Asteriozolosana Dato of onsol				
B. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Sandata ?				
Industry or business in which work wes done, es Sit K MILL, Returned	Asteris aclerotic Heart Prime?				
10. Date deceased lest worked et this occupation (month and 1930 spent in this occupation)					
12. BIRTHPLACE (city or town) A orchestes Ou- (State or country)	Other Contributory Causes of importence:				
13. NAME 14. BIRTHPLACE (city or town)					
4 14. BIRTHPLACE (city or town)	Name of operation				
(State or country)	Whet test confirmed diegnosis? Wes there en eutopsy?				
15. MAIDEN NAME NUME	23. If death was due to externel causes (VIOLENCE) filt in elso the following:				
O   16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?				
(State or country)	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT May I ory I Meloni (Address) Con Bridge Lings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury/// @rule				
Plece andrudg & Malaco /28/399	Neture of injury Affane				
19. UNDERTAKER Granwille A Jeconsto (Address) Cantridge med	24. Was disease or injury in any way related to occupetion of doceased? /// D.				
(Signed) Bestert & Barms M.D.					
20. FILED 19 Registrar.	(Address) Gang Trone Soquet				

Baring Trone floquital If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis Communication Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrillis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1036	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance.		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

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OCCUPA-1. PLACE OF DEATH pluods PHYSICIANS Length of residence in city or town where death occurred statement Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) EXACTL classified. 5a. If married, widowed, or divorcad HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE stated Months If LESS than Days to have occurred on the date stated above. at I day, -----hrs. SI SIHT. or\_\_\_\_min. 8. Trada, profession, or particular TION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. be jo plnoys may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... it on 10. Date deceased last worked et 11. Total time (yeers) this occupation (month and spent in this so that occupation ... instructions 12. BIRTHPLACE (city or town (Stata or country) supplied. in plain terms, HER 13. NAME FAT 14. BIRTHPLACE (city or town (State or country) carefully What test confirmed diegnosis?. important. 15. MAIDEN NAME OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? pluods (Addrass) 18. BURIAL CREMATION, OR Manner of Injury -WRITE CAUSE mation TION Natura of injury If so, specify Registrar. (Address) . Zw.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.\_\_\_\_ds. How long In U.S. if of foralgn birth?\_\_\_\_\_vrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Dey) (Year) EBY CERTIFY, That I attended dacaased from The PRINCIPAL CAUSE OF DEATH and ralated causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicida?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cuses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 066181	July 5,1927	Peritonitis	3 days ago
	<b>,</b>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	R
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECURD. Every item of infor-
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

A STATE OF THE REAL PROPERTY.	
STATE OF MARYLA	ND—CERTIFICATE OF DEATH 495
1. PLACE OF DEATH	(59)
	Registration Dist. No. 30
Village or only be atomsvelle	No Destitory Clive & Coverhall Past., (If death occurred in a hospital or institution, give its NAME instead of street and number
Langth of realdones in situ as town where death assumed	de University II C Market Links

1. PLACE OF DEATH	59)	
County Baltimore	Registration Dist. No. 30	
Village or city le atomavelle	No. Destitors Clare & Overheld field., death occurred in a hospital or institution, give its NAME instead of street and number)	War
	ds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Learge & Walther (a) Residence: No Duffer Over & Overfull	Cost Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Miley  (Month)  (Dey)  (Ye	er)
Se. If married, widowed, or divorced HUSBAND of (or) WHFE of Emelie Walther	1 HEREBY CERTIFY, That I ettended deceesed	30
6. DATE OF BIRTH (month, day, end yeer) June 18 1868	I last saw h un elive on March 1936; deeth	ls se
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the dete steted ebove, et 111150 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance	
8. Trede, profession, or particular kind of work done, es SPINNER, Store Keehen, SAWYER, BOOKKEFPER, etc	were es follows: Oate of	lonse
9. Industry or business In which work wes done, as SILK MILL to infectionary SAW MILL, BANK, etc.	Cororan Eliboli	
11. Totel time (yeers) this occupetion (month and spent in this occupetion occupetion		
12. BIRTHPLACE (city or town) Baltumore (Stete or country)	Other Contributary Causes of Importance:	
The second secon	Deane ?	
13. NAME geo Walher	arterio Scherosio ?	
13. NAME Geo Walher  14. BIRTHPLACE (city or town) Lermany  (Stete or country)	Name of operation	
15. MAIDEN NAME / Herst	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
17. INFORMANT Asymmet Walther (Address) Southon ave + (werkell Na	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
PIECE Druid Redge Oats May 27, 1936	Menner of Injury	
19. UNDERTAKER To Serron/Receiver (Address) 20/6 daysondson and	24. Wes diseese or Injury In any way related to occupetion of deceased?	
20. FILED 7 19 19 Registrar	(Signed) With riber Ton-	_M.

If more blank are pleated, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example-I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage , , , , , , , , , , , , , , , , , , ,	· July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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orincipal cause of death and related causes Date of portance were as follows:	Date of onset	
		The principal cause of death and related causes of importance were as follows:
of epilepsy 1 week	1915	Arteriosclerosis
ver by street car 1 wee	1921	Chronic interstitial nephritis
nitis 3 day	July 5, 1927	Cerebral hemorrhage
		10 m
contributory causes of importance:		Other contributory causes of importance:
enteritis 1 y	May 1,1923	Gallstones
	May 1,1923	Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4960
UP.	1. PLACE OF DEATH ,	(93-6) \ / 6 -
220	County Sattymore	Registration Dist. No. 4
0 jo	Village or City Hulelhorfe (1)	No. 3327 (accepted of St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
٠. د.	Length of residence in city or town where death occurredyrs,mgs.	ds. How long in U.S. if of foreign birth?yrsmosds.
statement	2. FULL NAME JUMA 6. COLUMN (a) Residence: No. Olehester Howard	EQ., Ward. 13X-
+1	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
CXBC	3.SEX 4_COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED, write the word)	21. DATE OF DEATH May 18 100 6
· •	Thurs fine fillow	(Month) (Day) (Year)
classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from Feb. 5, 1936, to may 17, 1936
. c.	6. DATE OF BIRTH (month, day, and year)	I last saw h. er elive on may 17 , 19.36; death is said
erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.90 £3.2m.
properly certificate.	76 2 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be p	8. Trade, profession, or particular kind of work done, as SPINNER, Howels SAWYER, BOOKKEEPER, etc.	Chronity ocarditis; from Foly
may	9. Industry or business in which work was done, as SILK MILL, House Make SAW MILL, BANK, etc.	ary 5th 1936, until teather any
that it	10. Date deceased last worked at 3 6 11. Total time floars) spant in this year)	
erms, so tha	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Staenworkag 5/12/36
rms	13. NAME (pefel) Seisen	
45 40	14. BIRTHPLACE city of town The such	Name of operation
100	(State of country) Osmany	What test confirmed diagnosis Thyrical Trans. Was there an autopsy? 10
EATH in pin pin pin pin pin portant.	15. Moter Marie Felchaus	23. If death was due to external causes (VIOLENCE) fill In also the following:
H	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AT	(State or country)	Where did injury occur? (Specify city or town, county and State)
AM	17. INFORMANT My Clima E. Miller of Carres & Halety orlow	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E is	18. BURIAL, CREMATION OR REMOVAL Place May 21 1,1936	Manner of injury
CAUSE TION is	19. UNDERTAKER (6 astlow Sous	24. Was disease or Injury In any way related to occupation of deceased?
T	20. FILED May 19, 1936 Steeling Registrar.	(Signed) CPP O Etling M. D.  (Address 2 b 2 3 Washington Block)
		2AII N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1061
1. PLACE OF DEATH	940
County of alto 60 md	Registration Dist. No.
Village or City of tenus Run.	No. St., Ward
Length of residence In city or town where death occurred 2 2 grs 2 4 frost	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Charles Wiss	If U.S. Veteran apecify WAR. World was
(a) Residence: No. BALL Edaten en	- St., Ward, 000
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from  1930, to Waster 1936
6. DATE OF BIRTH (month, day, and year) Selve 2-1886	I last saw h Land alive on Alle 20, 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
49 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Property Mills of Care
SAWYER, BOOKKEEPER, etc	oroning Intomogram und 19 9 %
Industry or business In which work was done, as SILK MILLY SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
PIRTURE OF (-its colour)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Lohn Wiss	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was I here an autopsy?
15. MAIDEN NAME Ausgunde Marbon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thelefor Mess (Address) 6 6 12 Enster in	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place of Day Date May 3, 1930	Nature of Injury
19. UNDERTAKER Lifly & Sullerin	24. Was disease or injury in any way related to occupation of deceased?
(Address) 4150 & Ope moeb-sa	If so, specify
20. FILED May 21, 1936 John & Correction	(Signed) (Address) S 507 Factor Class
If more blanks are needed, address State Resistry,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF	MARY	LAND-	CERTIFICATE (	OF DEAT	TH N	362
1. PLACE OF DEATH	/-			X	1	100
County Salting	N			Registration Di	st. No.	4
Village or City Dana	with	m (If	No. 338 Delection of the No. 338 Delection of	General Con, give its NAME in		Ward wmber)
Length of residence in city or town where deal	h occurred	yrsmos	ds. How long in U.S. If of	foreign birth?	yrsmo	sds.
2. FULL NAME Atal bo	m to	etus (	Went Symon bec	Ty WAR	, a, g = 2 + m = 0 ± + + + 2 = 0 + + + + + + + + + + + + + + + + + +	
(a) Residence: No/338 Be	echoo	.1 RX	St., Ward.	*		
	(Usual place of		MEDICAL CE		e city or town and	State
PERSONAL AND STATISTIC				RTIFICATE	DEATH	-
Male colinter	OR DIVORCED		21. DATE OF DEATH	(Month)	24/4" (Day)	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	CERTIFY.	Thet I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	ag 14	72 36	I last saw h alive on		, 19	; death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date states	d ebove, at	m.	
		1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes	of importance	Date of onset
8. Trade, profession, or particular						Date of pusef
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			1.1.1.	- for front	3	
			STICTION	Vyova	ns	
SAW MILL, BANK, etc	11. Totel tim	e (yeers)		941	(1)	
o this occupation (month and year)	spant	in this ation			•••••	
12. BIRTHPLACE (city or town)	uslo	m	Other Contributory Causes of impo	rtance:	2 . ,	
(State pr country)	M	-d-	Vrrma	Ture V	2018	
13. NAME Jaron Filler	thros	n			7	
13. NAME on Holes  14. BIRTHPLACE (city or town plan  (State or country)	ouston	nt	Name of operation		Date of	
(Otate of country)		nd.	What test confirmed diagnosis?		Was there an a	ulopsy?
15. MAIDEN NAME/ Aldred (16. BIRTHPLACE (city or town) Bak	o weh	len	23. If death wes due to external cau	ses (VIOLENCE) fill I	n also the following	:
5 16. BIRTHPLACE (city or town) Bal	to	A	Accident, suicide, or homicide?	De	te of Injury	, 19
∑ (State or country)	ind		Where did Injury occur?		wn, county and State	
17. INFORMANT hidral & Marchael (Address) Chameron	esther	rl	Specify whether injury occurred In			
18. BURIAL, CREMATION, OR REMOVAL	1 01		Menner of injury			
Platett to Jollin A	Date	, 19	Nature of injury			
19. UNDERTAKE An Estary . h (Address)	al.	************	24. Was disease of injury in any wa	ay related to occupati	on of deceased?	
20. FILED May 15, 1936 4	Hulor	nier fr. Registrat.	(Signed) (Address)	Josphie	Bornt	M. D.
If more bla	nks are needed, add	dress State Registrar,	2411 N. Charles Street, Ballimore, Re	questing U. S. No. 1.		

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y PHYSICIAN
--------------------------------------------	-------------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal huse name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name earlier apportant diseases or injuries. Examples:

H	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epitepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis 3	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

	tem of infor-	should state	f OCCUPA-	
	RECORD. Every i	C. PHYSICIANS	Exact statement c	/
	IS A PERMANENT	stated EXACTLA	properly classified.	ertificate.
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	I WE	matio	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4064
1. PLACE OF DEATH	(18)
County & Fallework	Registration Dist. No. 38
Village or City Woodlawww -0	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds flow iong to U.S. if of foreign birth?
2. FULL NAME / Jable Elizabeth	Moms will
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenne 1. Ser OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or difference HUSBAND of (or) WIFE of WIFE of	22. I HEREBY CERTIFY That I attended deceased from 19.36 to May 11 19.36
6. DATE OF BIRTH (month, day, and year) Value. 22 4901	I last say here alive on May 11 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
34 36 - 8 /9   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Sa Trade, profession, or particular kind of work done, as SPINNER, Sawyer, Bookketeper, etc.	Duration ton hough
3 13 Industry or husiness in which	the state of the same of the say 10,36
work was done, as SILK MILL, SAW MILL, BANK, etc.	esten a Linnea of Rama Callaga and age
10. Date deceased last worked of 11. Total time (years) this occupation (month and 3 spentin this year) occupation.	Patatals Three or four borro later she was taken
year) occupation 2	Other Contributory Causes of importance: ell with acute points vo viting ste.
12. BIRTHPLACE (city or town)  (State or country)	Merie
	No- a l'is a l'altre de l'Alle l'il
E	Name of operation.
[State or country]	What test confirmed diagnosis?
I 15. MAIDEN MANUEL C, Bulde	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN MANDEL , Bulde 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Etta Williams	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dily la Memona Date May 19 36	Nature of injury
19. UNDERTAKER Lastow Soils	24. Was disease or injury in any way related to occupation of deceased?
(Address) Clicat Cil-	if so, specify 1
20, FILED 5/13: , 1936 A Comment	(Signed) Nom D. Quenny, M.D.  (Address) 1507 M. Fulton acc., Baltimen. Md
I A see I	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Example II	4
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis V1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 1917	Peritonitis	3 days ago
Other contributory causes of importance:	ther contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

20 cuthority to change date of located	
ou last on lile in City Health Dent	
73,	

AGE should be stated EXACTLY. PHYSICIANS should state

...D. Every item of infor-

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

N. B.—WRITE PLAI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4965
1. PLACE OF DEATH	CERTIFICATE OF BEATTY 1000
	(13-0)
County Sallamore	Registration Dist. No.
Village or City offundalk	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
1/1/1/1 . () 61/.00.	
2. FULL NAME // Illiam J. Tylkan	If U. S. Veteran, specify WAR
(a) Residence: No. // Sayship (d.	St., Ward.
(Usual flace of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3
Mule Midoued	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	222 I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of Lizze Williams	march 4 1936 10 may 3 1936
6. DATE OF BIRTH (month, day, end yeer) May 1, 1858	I lest saw harm elive on many 3 1936 deeth is said
7. AGE Years Months Days II LESS than	to have occurred on the date steted above, at
78 0 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
Lede, profession, or particular	were es follows:
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Cronary achision 5-3-36
9 Industry or business In which	
work wes done, as SILK MILL, SLEEK Worker SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and 197 ? 11. Total time (years) spent in this	
yeer)occupation	Ob. 40 - 12 - 63 - 41 - 12 - 12 - 12 - 12 - 12 - 12 - 12
12. BIRTHPLACE (city or town)	Other Contributory Caboes of importance:
(State or country)	muserdial deameration 3-4-36
13. NAME John Williams	arteroschrosia 1926
14. BIRTHPLACE (city of town) Walls	Neme of operation.
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Whenough	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Whenowy  16. BIRTHPLACE (city or town) And Cryan	Accident, suicide, or homicide?
Set or country)	Where did injury occur?
m ( 191-00	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT // Barrhis Rd	openia mining occurred in thousant, in nome, of in public peace.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Plece Stubenville this Dete , 19	Nature of injury.
Wa Tibasel	
19. UNDERTAKER MY GOME PO Pare	24. Was disease or injury in any way related to occupation of deceased?
1/3/21 Maria	If so, specify  (Signed)  (Signed)

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(Address)

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1	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mar. Or Rever

M. M.M. Call

V. S. No. 1

16 14	130
County Dallans	Registration Dist. No. 2
Village or City Journ	NDSt.,War (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos,d
2. FULL NAME Emmy M. Riegle	If U.S. Veteran specify WAR_Plo
(a) Residence: No. Lousen Made	St., Ward.
(Usual place of abode)	If nonresident give eily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 1h 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cohn Gieglee	22. I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (month day and year) May 2.1866	- afree 26 h 19 36, to may 4 h , 19 3
of Diagrams and Joseph Control of the Control of th	I list saw h. La. alive on May 3, 19 %; death is sa
7. AGE Years Months Pays If LESS than 1 day,hr:	I THE I KINCH AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Muscovaral Inauflician Date gions
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	
9 Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
2 0+	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Contra Chamas RThouse
7.	- game, go so me + comes
13. NAME	
13. NAME CONTROLLS	Name of operation.
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Grant Turking Was there an autopsy?
(State or country)	Pk
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	What test confirmed diagnosis? "Year an aulopsy? ??  23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	What test confirmed diagnosis? "Year Was there an aulopsy? In also the following:  Accident, suicide, or homicide? Date of injury 19 Where did Injury occur?
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT	What test confirmed diagnosis? "Year Was there an autopsy? "  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	What test confirmed diagnosis?   23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury , 19  Where did Injury occur? (Specify city or town, county and Stale)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT	What test confirmed diagnosis? "Yellow Was there an autopsy? "The state of the stat
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Date  May  6, 1931	What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	What test confirmed diagnosis?   23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19  Where did Injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  19. UNDERTAKER   Approximation  19. UNDERTAKER   19. UNDERTAKER   10. Main  10. Main  11. Main  12. Main  13. Main  14. Main  15. Main  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Main  10.	What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?

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REXAMPLETIVED		Example II	
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The second second			